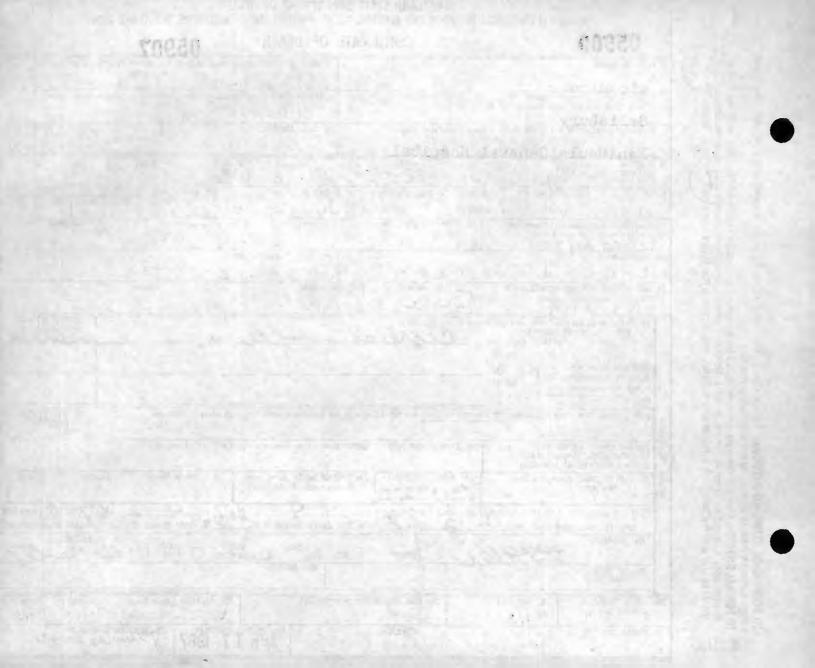
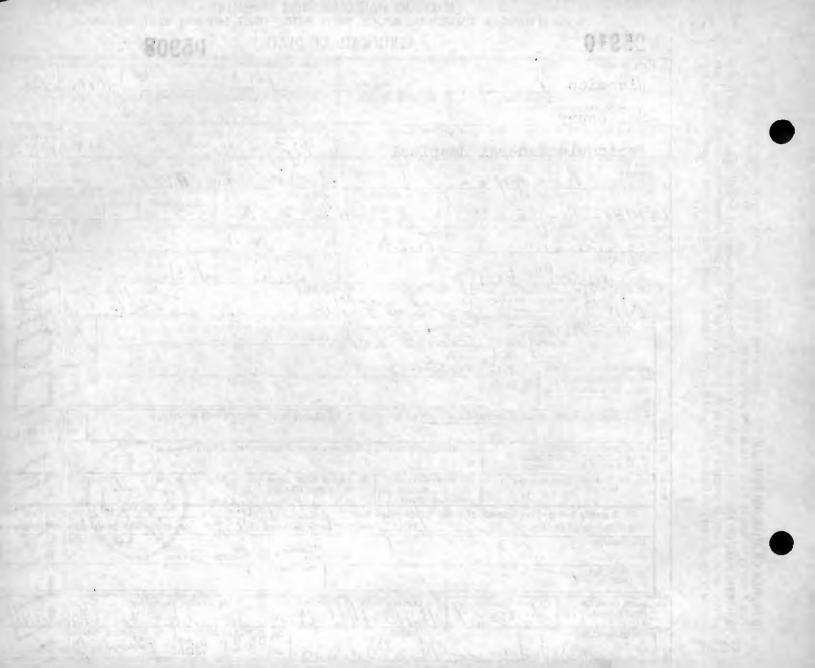
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
Ø=	05909	CERTIFICATE	OF DEATH	05907	/						
funerol	i. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	PIARVLAN	deceosed lived, if institution: Residual b. COUNTY	eces Toe						
filled in by the filled in by the filled in by the filled in 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in the content of the	c. LENGTH OF STAY IN 16	UBJANE	corporate limits, write RURAL and	23.2						
paper hin 72	Peninsula General	Hospital	d. STREET ADDRESS	2.	e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF DECRASED First DECRASED (1/ype or print) Paze S. SEX 6. COLOR OR RACE 7. A	SHUCKLEY MARRIED NEVER MARRIED B.			Day Year 12 19 6 7 DER 1 YEAR 1F UNDER 24 HRS.						
и опу	10o, USUAL OCCUPATION (Give kind of work done	IDOWED DIVORCED DIVOR	11. BIRTHPLACE (County & Stot	lost birthdoy) Month yrs. e, or foreign country) 12.	Days Hours Min. CITIZEN OF WHAT COUNTRY?						
ol, and	dyring most of working life, even if retired) 110 U S C V I Y T C 13. FATHER'S NAME	DWK HOND	14. MOTHER'S MAIDEN NAME	OSMORFD	U,SA.						
or removo	15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, nozogunknown) (If yes give wor or dotes of serv	ical	FORMANT TO THE	Address Address	EAL PT. MO						
perm perm ion,	1B. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	TH6-12-2227 7	· ye. IRR	MILEX WO	INTERVAL BETWEEN ONSET AND DEATH						
buriol-transit buriol, cremat	IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave) (b)	COV MARCO	- Just								
	rise to immediate couse (a), stating the underlying couse lost.										
for use as the Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED? YES NO						
5 6	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (E			(County) (State)						
be detoched Stote Dept. o	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 21. I certify that (I) (this haspital	While of work of work of work of work	F OF INJURY (Home, form, ry, street, office bldg., etc.)	Zor. (city of lown)	Of that (D) wal la						
~ _ a	saw the deceosed alive on	9 6 and that		M, from couses and or	the date stated above. DATE SIGNED						
DIRE oge 3 filed w	22c. PHYSICIAN'S NAME (Type)	es. To M.D.	ATTENDING MED. PHYS. BHRES 22d. ADDRESS	cfor PHYS.	2-12-67						
Should be	23o. BURIAL, CREMATION, 23b. DATE THEREOF	- D -		23d. LOCATION (City or Town)	(County) (State)						
R A15 (4)	REMOVAL (Specify) 4/16/6 24, FUNERAL DIRECTOR A. Burba	e Bulin M		REGISTRAR 2Sh DEDISTRAR 7 1967	SSIGNATURE LES SUESSES						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 05910 CERTIFICATE OF DEATH death. 24 haurs after death by the funeral Pages 1 and 3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Wicomico a. STATE **b.** COUNTY MARYIAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give neorest tawn) Salisbury e. IS RESIDENCE ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO X Peninsula General Hospital within DATE 3. NAME OF Day Year Lost pau DECEASED and campleté EL 19 (Type or print) DEATH Car the death certificate be executed IF UNOER 24 HRS. S SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED lost birthdoy) Months Hours in any DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) COUNTRY ? INDUSTRY and the attending physici nsit permit. Then ple matian, ar removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 7/3 Short 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na_ar yrknown) (If yes give wor ar dates af service) SOCIAL SECURITY NO burial, crematian, NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per lipe for (o), (b) and (c),) transit PART I. DEATH WAS CAUSED BY requires that IMMEDIATE CAUSE (o' signed by burial-t Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse affending priar ta the has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES this certificate PHYSICIAN: ī 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF CEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. fortary, street, affice bldg. Not While of work O FUNERAL DIRECTOR: After þe 21. I certify that (1) (this hasgital) attended the deceased from 3 shauld with the be retained and that death occurred of ? sow the deceosed alive on 196 M, from causes and on the date stoted abave. 22o. SIGNATURE 22b. DATE SIGNED STAFF director, page 3 shauld be filed w M.D. **OIRECTOR** 22d ADORESS 22c. PHYSICIAN'S NAME (Type) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) 23a BURIAL CREMATION (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05911

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05903 red, if institution: Residence before admis

_												
1,	PLACE OF DEATH				2. USUA o. ST	TE	e deceosed lived, if institut b. COU	NTY				
		comico		MARYLAI		" Maryl			omico			
		If outside corporate limit d give nearest town)	ś.,	c. LENGTH OF STAY IN 1	b c. CITY (carporote limits, write RU	RAL and give	neorest tawn)			
		lisbury				Salisbury 22-1						
		TAL OR INSTITUTION (If no	it in hospital, g	ive street oddress)	d. STREE	T ADDRESS			e. IS RESIDEN ON A FAR	NCE M2		
		oute 3				Route				0		
3.	NAME OF DECEASED (Type or print)	BENJ.	rst AIVIN	Middle FRANKLIN	BERGER		DATE Mon OF DEATH	1-1-67	Doy Year 19			
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE O	BIRTH	9. AGE (In years	IF UNDER I Manths		Mun.		
	M	W	WIDOWED	DIVORCED	2-3	3-1883	lost birthday) 84 yrs.	1 2	28	aysus.		
10 du	o. USUAL OCCUPATION	N (Give kind af wark dane life, even if retired) wner & Oper	10b. KII	ND OF BUSINESS OR DUSTRY estaurant		THPLACE (Stote or for the Carol:		COU	ZEN OF WHAT NTRY?			
	FATHER'S NAME	where of ober	grot u	escantanc		HER'S MAIDEN NAME		Di	SA			
	John Berg	ER IN U.S. ARMED FORCES?	T IA 1	SOCIAL SECURITY NO.	17 INFORMAN	ly May	Addr	220				
		(If yes give war ar dotes o	of service)	20-07-8949	Mr. I R.D.	orman Gu	y Bergeron bury. Maryle	Nepher	v)			
		EATH (Enter only one cou	se per line far	(o), (b), and (c).)			r		INTERVAL BETWE			
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Co:	ronary occl	usion				ONSET AND DEA	1		
	476											
1	Conditions, if ony		(b) Ar	teriosclero	tic card	lio-vascu	lar disease		vears	4		
	rise to immediate		10									
	lost.)	(c)-									
NOITA	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMIN	IAL DISEASE CONDITION	ON GIVEN IN PART 1(0)		19. WAS AUTOPS PERFORMED YES NO	O [3K]		
CERTIFICATION			20b. DE	SCRIBE HOW INJURY OCCU	IRRED. (Enter not	ire of injury in Port	l or Port II of item 18.)					
MEDICAL	20c. TIME OF INJ Haur a.	10	20d IN While of work	Nat White	le. PLACE OF INJU factory, street,	RY (Hame, form, affice bldg., etc.)	20f. (City or town)	(Cauri	nty) (Sto	ote)		
	21. I certif	v that Laak charge	e of the ren	nains described abay	ve, held an Au	Itapsy , Ir	spection A, Inqu	uiry X.	and in my ar	pinian		
	death resul	. //	al causes X		Suicide .	Hamicide	Undetermined m	anner				
		l o	0	,	,	CHIEF MEDICAL EXAL	,					
	ACTUAL SIGNATURE	/ End	S	~ /	M.D.	ASSISTANT MEDICAL	EXAMINER		22. DATE SI	GNED		
	EXAMINER'S	rl L. Royer	, M.D.		14.5.	DEPUTY MEDICAL EX	AMINER A	April	1, 1967			
	NAME (Type)	9 Camden Av	re., Sa	lisbury, Md		Address (Street, city	, tawn, ar county)					
23	a. BURIAL, CREMATI	ON, 23b. DATE TH		23c. NAME OF CEMETE			23d. LOCATION (City or To	wn) (/	Caunty) (Stot	te)		
	Burial (Specify	April	1.1967	Meadowride	e Memor	ial Park	Baltimore	. Mary	land			
7	24. FUNERAL DIRECTO		4-3-4-4-A-4-	ADDRESS		2Sa. REC'D BY	REGISTRAR 25b. 8	CISTRAR'S SIC	SNATHIRE			
	Hollows	v & Co. S:	lichuw	w Ma		DAAPR 4	1967 /		10			

P.M.3. Page delay is pencil in Item 18. Give Pages 1, 2, and 3 to event within 72 hours after death. poges I and 2 with the State Department the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office blang with form This certificate should be executed within 24 hours ofter death. If in ony File puo O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, prior to burial, cremation, or removal, pending" writing the word " please execute the certificate, MEDICAL EXAMINER: 5 may be retained for your files. TO DEPUTY necessory,

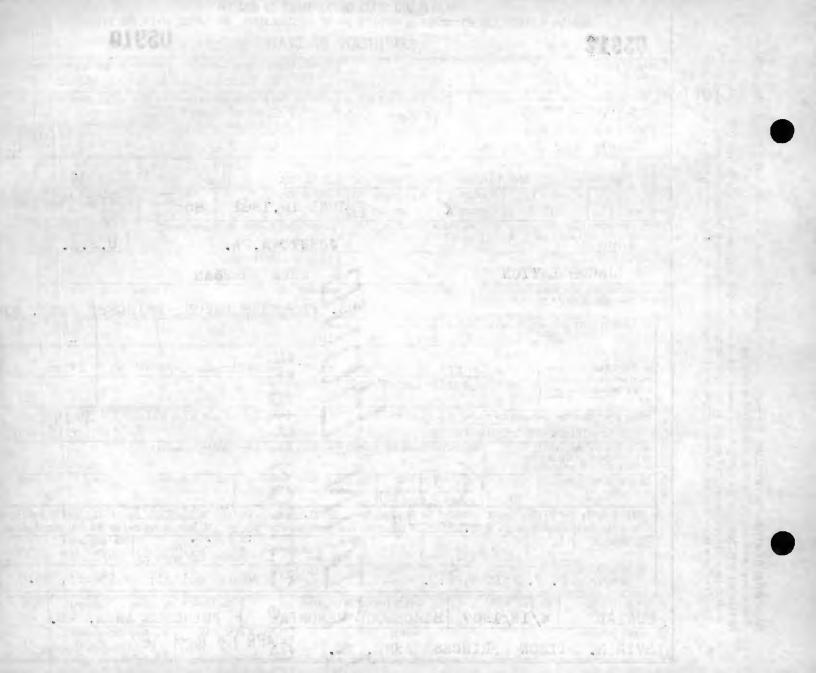
VR A15ME (5)

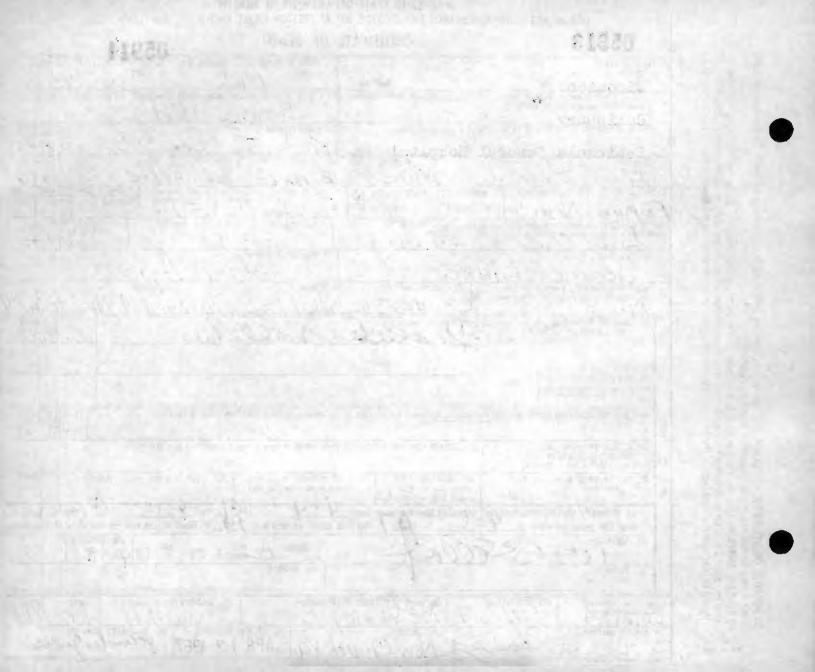
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MARYLAND STATE DEPARTMENT OF HEALTH





.u.,	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	05914 CERTIFICATE OF DEATH 05912
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death stained by the hospital ar attending physician. GTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages if an attended for use burial, cremation, or removal, and in any event, within 12 hours after death in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death.	PLACE OF DEATH o. COUNTY o. STATE D. COUNTY D. COUN
ours offer by the fu Poges J ours affel	b. CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town) write RURAL and give necrest town) Salisbury CEFA C
n 24 hours of hilled in by the popers. Pog	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Peninsula General Hospital ALTIMURE AUE VES D NO SE
ecuted within 24 completely, filled ove corbon pope y event, within 3	3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or pnnt) CATHERINE S. BRADV DEATH AIBIL 18 1967
completions over conf	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS
ote be executed victor and complete costs remove confunding only event,	100 USUAL OCCUPATION (Give kind at work dane during most of working life, even if retired). 12 CITIZEN OF WHAT COUNTRY?
physican or physican or peose oval, and i	3 FATHERS NAME 14 MOTHERS MAIDEN NAME 15 PATHERS NAME 16 MOTHERS MAIDEN NAME 17 MOTHERS MAIDEN NAME
te death cer ottending p permit The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service)
aquires that the death certification. signed by the ottending physications to permit then plantial, cremotion, or removal,	18. CAUSE OF DEATH (Enter only one couse per line to (a), (b), and (c).) PART I DEATH WAS CAUSED BY ONSEI AND, DEATH ONSEI AND, DEATH ONSEI AND, DEATH
equires that the physician. signed by the burial-transit burial, cremoti	IMMEDIATE CAUSE (o) DUE TO IMMEDIATE CAUSE (o) OUR TO
the law requires the ottending physician, has been signed by se os the burial-train harior to burial, cre	Conditions, if any, which gove) (b)
PHYSICIAN: The fow re e hospitol or ottending his certificate has been stacked for use os the Dept. of Heolth prior to be	Section Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(o) 19 Was autopsy Performed?
JAN: The tol or of ficate ho for use for use f Health	YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF THE PROTECT MARKET AND
5 PHYSIC the hospi this certi detached ie Dept. o	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) (State)
DING of the After the De de de de State	21. I certify that (I) (this hospital) attended the deceased fram 4 1 3 , 19 4 to 4 - 18 , 19 6 /that (I) (we) last
OR ATTENIOR DIRECTOR: A ge 3 should led with the	saw the deceased alive an 4 18 90 , and that death accurred at 3 M, fram causes and an the date stated abave. 220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt	22c. PHYSICHAR'S NAME (Type) M.D. PHYS DIRECTOR PHYS. 4 - / 0 - 6 / 0 22d ADDRESS
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil	manut (clien)
I 5 7 8 9	230. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) +2167 HOLY SEPULCHRE CHELTENHAM MANTER

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 Adm. in 1 D c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours /28/67 3. Salisbury Salisbury (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? R.D. #1 (Shad Point) Peninsula General Hospital YES NO etely executed within 3. NAME OF First Middia Last DATE Month DECEASED April any event THOMAS BRUMBLEY 67 RETA (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED Female White WIDDWED X DIVORCED ! October 26,1903 and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Shirt Factory Dorchester County, Md. USA Retired - Operator removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amelia Todd J. Barnard Fields 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [([fives nive war or dates of service)] 17. INFORMANT 16. SOCIAL SECURITY NO. 5 (Brother) Mr. William L. Fields 212-03-4363 cremation, R.D. #1. Salisbury, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Jihas been state the buriation DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior certificate has t underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) for use Health p PERFORMED? YES K NO T this certing detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Pert 1) of Item 18.) N/A MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be d Not While at work at work p.m. OR ATTENDIN be retained t 19 6 7 that (I) (we) last 21. I certify that (I) (this-hespital) attended the deceased from. 19 62, and that death occurred at 1:55M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING MED. DIRECTOR STAFF PHYS. April M.D. PHYS. Page 4 may ADDRESS PHYSICIAMS director, p should be NAME (Type) James L. Clifford BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 9 Wicomico County, Maryland Burial April 8, 1967 Shad Point Cemetery 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Charles VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 4-64

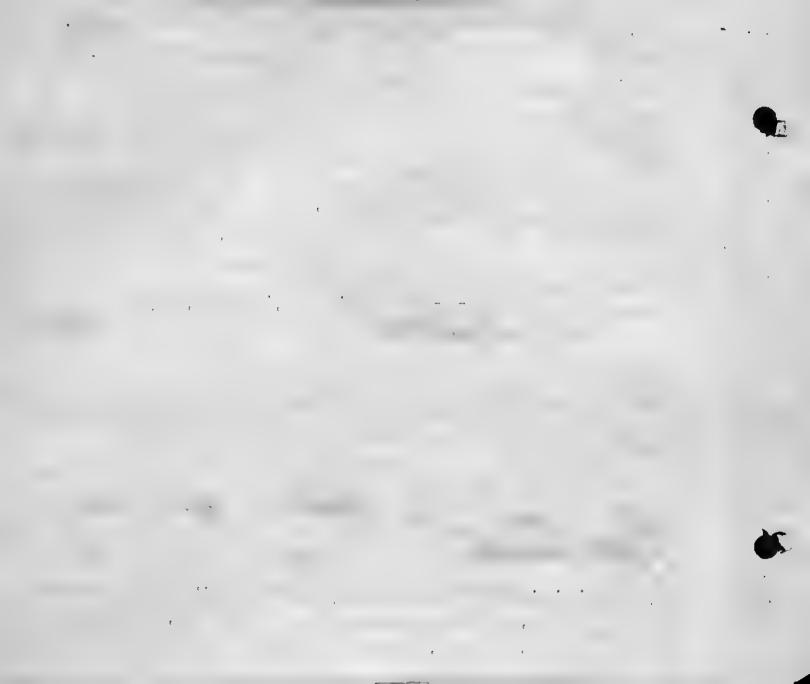


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05916 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) b. COUNTY o. COUNTY Wicomico
b (ITY OR TOWN (if outs de corparate limits, write RURAL and give nearest town) MARYLAND c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) REE N WOOD Salisbury
d NAME OF HOSPITAL OR (NSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO ! Peninsula General Hosnital 3 NAME OF Middle 4 DATE Year Lost Month Doy carbon DECEASED (Type or print) IF UNDER 24 HRS S SEX (In years IF UNDER 1 YEAR NEVER MARRIED 7 MARRIED remove lost birthday) Months WIDOWED DIVORCED 10o USUA, OCCL PAT ON (Give kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) lease/ INDUSTRY ELHWARE FARM FARMER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ω. Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) ON W NOW BRIDGELI INTERVAL BETWEEN IR. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: edi vicile IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse O FUNIRAL DIRECTOR: After this certificate has been WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO A 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg, etc.) Hour om. Not While of work 5-10,1967, to. , 19,2 , that (I) (we) last saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE 4.12-57 director, page 3 should be filed v MID DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL CREMATION 23b. DATE THEREOF REMOYAL (Specify) BRIDGEUILLE RIDGEVILLE SUSSEY Goweter BUSIA 2So. REC'D/BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY Maryland Wicomico Wicomico MARYLAND b. CITY OR TOWN (if pulsida porporate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) ᄚ write RURAL end give neerest town) Salisbury Salisbury Pages d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours ON A FARM? Wicomico Nursing Home Alo Pinchurst Avenue YES NO completely i 3. NAME OF DATE Month Year Middle Lest DECEASED (Type or print) DEATH 19 67 MINNIE ANNETTE CANTWELL April 2 AGE (In yeers | IF UNDER 1 YEAR, IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8 DATE OF BIRTH bus last birthday) Female White WIDOWED I DIVORCED | 1886 July 5 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY; 11 BIRTHPLACE (County & Siete, or foreign country) physicial done during most of working life, even if retired Somerset County, Maryland House Work 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME gribnetta Edward Ballard Mary Ellen Hall ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO : 17. INFORMANT Address (Yes, no, or unknwn) (Ifyes give weror detes of service) Mr. Larry B. Phillips Hall Drive, Salisbury, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (e), (b) fend (c) á PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which? (6) pave rise to immediate couse **DUE TO** (e), stating the underlying cause last. cate las the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? □ NO □ 957 200, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Pert I or Pert II of tem IB) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg , etc.) While Not While Hour a.m. et work et work 21. I cartify that (I) (this hospital) attended the deceased from. 10.7 M. from the causes and on the date stated above. , and that death occurred at . saw 22b. DATE MED STAFF SIGNED ATTENDING PHYS. DIRECTOR M.D. with th FUNERAL ADDRESS 22d. HYSICIAN'S NAME (Type) Maryland Ave., Salisbury, Maryland filed \ Dr. E. M. Beardslev 23d. LOCATION (City, town or county) (Stote) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OFA Salisbury, Maryland Wicomico Memorial Park .1967 APR REC'D BY REGISTRAR | 255 BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Marley 196 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 7-62

ARYLAND STATE DEPARTMENT OF HEALTH



1	1	Division	of STATISTICAL		YLAND STATE DI AND RECORDS, 30			LTIMORE, A	MARYLAND	21201	
(N.A)		05918			CERTIFICAT	OF DEAT	Н		059	916	
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rtificate be ex physician ond en pleose rem evol, ond in an	L .	USUAL OCCUPAT ON Gove k non no post of working life even to part working life even to part of the part	of work done retired)	105. KIND OF INDUSTR	BUSINESS OR Y	11. BIRTHPLACE (LOGE C. 14 MOTHER'S MA	ESTER,	foreign country	(Y)	12 CITIZEN OF V	vhat . A
he deoth certificate b ottending physician permit. Then pleose ion, or removol, ond i	15. (Ye	WAS DECEASED EVER IN U.S. AF s, no, grunknown) (If yes give	0.00-	223.	073477	INFORMANT	TEN	FOREM	Address	Counce	E MD
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FENDING PHYS ned by the host RR. After this ce weld be detache the State Dept.	MEDICAL (20c TIME OF INJURY Month Hour a.m. p.m. 21. I certify that	n, Day, Year 19	20d INJURY While at work	Not While of for	ACE OF INJURY (Hom tory, street, affice bld	g., etc.)	10		(County)	(State)
OR AT be retoi DIRECTO Be 3 sho led with		saw the deceased 22a SIGNATURE 22c. PHYSICIAN'S NAME (Type)				ATTENDING D PHYS. 22d, ADDRES	MED DIRECTO	STAI	F 🗇 2	26. DATE SIGNED	
	230	REMOVAL (Specify)	23b. DATE THEREOF	267 W	NAME OF CEMETERY OF	Baptis		LOCATION (CI	2Sb. REGISTR	AR'S SIGNATURE	(State)
VR A15 (4) 20 M 1/66		Quality,	Xedunos	1	raco Kill	Met. ON	PR 17	1967	Pelia	ulas Juc	lge.



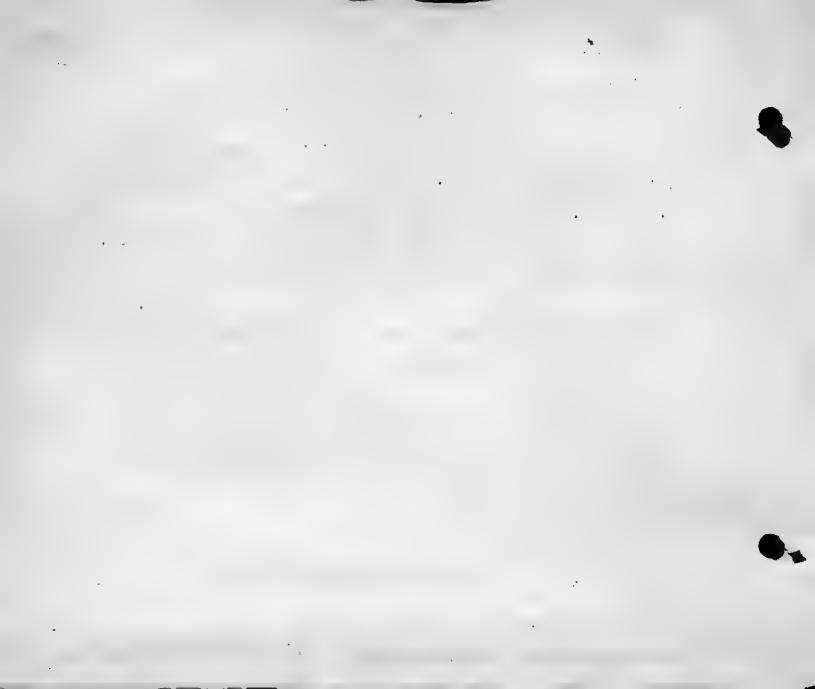
Wichiled b. CITY OR TOWN (if outside corporate limits, write SURAL and give nearest lown) Salisbury d. NAME OF DECEASED (Type or print) John S. SEX 6 COLOR OR RACE MARYLAND METYLAND METYLAND C. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) c. CITY OR TOWN (if outside of stay in 1b) d. STREET ADDRESS Balley Lane S. SEX 6 COLOR OR RACE 7 MARRIED NOTE 100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or force) NOTE Somerset Co	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
WICOUNTY WICOUNTY WICOUNTY WICOUNTY b. CITY OR TOWN (If outside corporate limits, write SRURAL and give nearest lown) A Year'S A NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX COPDIN COPDIN DECEASED To. USAL OCCUPATION (Give kind of work done) To. USAL OCCUPATION (Give kind of work done) To. USAL OCCUPATION (Give kind of work done) None None 14. MOTHER'S MAIDEN NAME	D. COUNTY TE Month Day Yeor ATH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 7 Yrs Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY?
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John W.Corbin Elizabeth C	elling
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	Address bin.Salisbury,Md
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Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPBY PERFORMED?, YES' NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of OR CONTRIBUTING 20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work 19 of work 19 Not while Not work 19 Not w	(City or town) (County) (Stole)
alive an, 19/, and that death accurred at, 19/, ADDRES	ram the causes and an the date stated abave. \$ (Street, city or town, state) DATE SIGNED
ACTUAL SIGNATURE PHYSICIAN'S PHYSICIAN'S NAME (Typo) EAPPLY TELL PHYSICIAN'S NAME (20, 1 2, 27 f
REMOVAL (Specify)	CATION (City, town, or county) (Stote) 1ncess Anne, Md
William H. James Jr. Princess Anne, Md (MA) 5	



1		1	Division of STATIS				PARTMENT OF 1 1 W. PRESTON ST		MORE, MARYLA	AND 21201	
FOR STATE		05920	0				CERTIFICATE			0591	8
HEALTH DERT.	(Vicomico			MARYLAND		land	P CONN.	Wice	mico
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	(at or institution (if n Peninsula C				d STREET ADDRESS 812	Brown	St.		e IS RESIDENCE ON A FARM? YES NO X
after death. If a group with term along with farm with the Control of the Control	(Type or print)	ERM	VES T	(None	e)	COSMAN	4 DATE OF DEATH	,	-24-67	19
urs after 18 G ce alon		Ma le	6 COLOR OR RACE White	7 MARRIED WIDOWED		WARRIED	8 DATE OF BIRTH		AGE (n years last b (thdoy) 55 yrs	Months Doys	Hours Min
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e executed pending" in ef Med.cal E. ssit permit. F			R IN U.S. ARMED FORCES? (If yes give war or partes)		500 A. SECURIT 6-26-2		informant cs. Flora	Cosma	812dd Salis		Md.
shauld be e te ward "per to the Chief I burral-transit mation, ar re			e couse (o).	(o) C 10 (b) A	oronary	coclus	ion c cardio-va	ascular	disease	ľ	NTERVAL BETWEEN NST AND DEATH Sudden years
	CERTIFICATION	20o EXTERNA. CA.	JSE WAS				THE TERMINAL DISEASE C				9, WAS AUTOPSY PERFORMED? YES NO
L EXAMINER: cecute the certif Page 4 should for your files. RR.Page 3 should ated agent, prior	MEDICAL CERT	Hour o.m p.m 21. I certify	iRY Month, Doy, Yeor 1. 19 1 that I took charg	While of work	noins describ	e	CE OF INJURY (Home, fo tory, street, office bldg., et ald on Autopsy A	, Inspecti			(State) and in my open o
o DEPUTY MELLAL EX necessary, please executs the funeral directar. Page 5 may be retained for y 0 FUNERAL DIRECTOR: Po Health ar its designated		ACTUAL SIGNATURE EXAMINER'S	Earl L. Roy	rer, M.	D.X		M D ASSISTANT M DEPUTY MED:	Ie, U AL EXAMINER EDICAL EXAMIN ICAL EXAMINER PET, CITY, TOWN,	X	unner 🗍	22. DATE SIGNED
To Di		BURIAL, CREMATIO	236 DATE TH	-1967	23c NAME Par		emetery	Sa	CATION (City or Tow	, Mary	rland
VR A15ME (5)	24. W.	allace F	uneral Home	, Sali	sbury,	Md.	250. RE	PR 2 6	1967 ²⁵⁶	STRAR'S SIGNAT	Judge



W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY b. COUNTY b. CITY OR TOWN IT OUT O Surpo of Jun. MARYLAND Larvland dicomica E LENGTH OF -TAY IN 16 c CITY OR TOWN (flowts ae corpo ele in its will RURAL and give in its town write RURAL and give nearest lown) hrs. uantico Dalisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X Box Peninsula General Hospital
3. Name of Deceased DATE Month OF (Type or print) DEATH Samue. ADI'IL COLOR OR RACE 7 MARRIED X NEVER MARRIED lest birthdey) Months Days Hours WIDOWED YCS. 10e. USUAL OCCUPATION GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Dashiel Mary Horsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (llyesgivewerordetesofservice) Arrio Dashiell Quantico Md. 10 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c,) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY egree terres 65% IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which' geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART III 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO K 20b. DESCRIBE HOW NJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING [, CAUSE OF DEATH. 20d. NJURY OCCURRED 200 PLAT OF IN. LRY (Home, ferm, 20f (City or town) (Stete) teckery, street office bldg , etc. Not Whie at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X Su . de Undetermined manner death resulted from. Natural causes Homicide CHIEF MED CAL EXAMINER ACTUAL lease execut should be for PUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ᆼ NAME (Type) please 4 should O PUN Health Address (Street, city, town or county) 22c. NAME OF CENTERRY OR CREMATORY 22e, BURIAL CREMATION 226 DATE THEREOF 22d LOCATION City town, or country! (State) REMOVAL (Specify) Church 23. FUNERAL DIRECTOR VR A15ME I 5M 1/62



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05922 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral o. COUNTY b. COUNTY Maryland Worcester b CNV OR TOWN (If ourside corporate limits, write RURAL and give nearest town) MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Stockton d NAME OF HOSPITAL OR VISTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO X General Hospital 4. DATE Month Year attending physician and campletely permit. Then please remove carban DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White WIDOWED K DIVORCED and in of 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working ite, even if retired) Housewife COUNTRY? INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Henrietta Tarr Theodore Henry Parsons 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give wor or dotes of service) Mrs Bessie Baylis, Stockton, Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO 12 dans Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the prior tal has been last. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) should be detached far use with the State Dept. of Health NO DO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased fram 3-24-67, 19 __ ta 4-5-67, 19__, that (I) (we) last saw the deceased alive an 4-5-67 19, and that death occurred at 3-7. M, from causes and on the date stoted above. 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. , page be filed 22d. ADDRESS 22c. PHYSICIAN'S Joseph C. Fitzgerald Salisbury. Maryland (Type) director, should b 23b. DATE THEREOF 23c NAME OF CEMETERY OF COMPAREDO 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, Burial (Specify) Md. 4-8-1967 Gunby Presbyterian Stockton Wor. 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15 (4) Pocomoke City, Md. 20 M 1/66



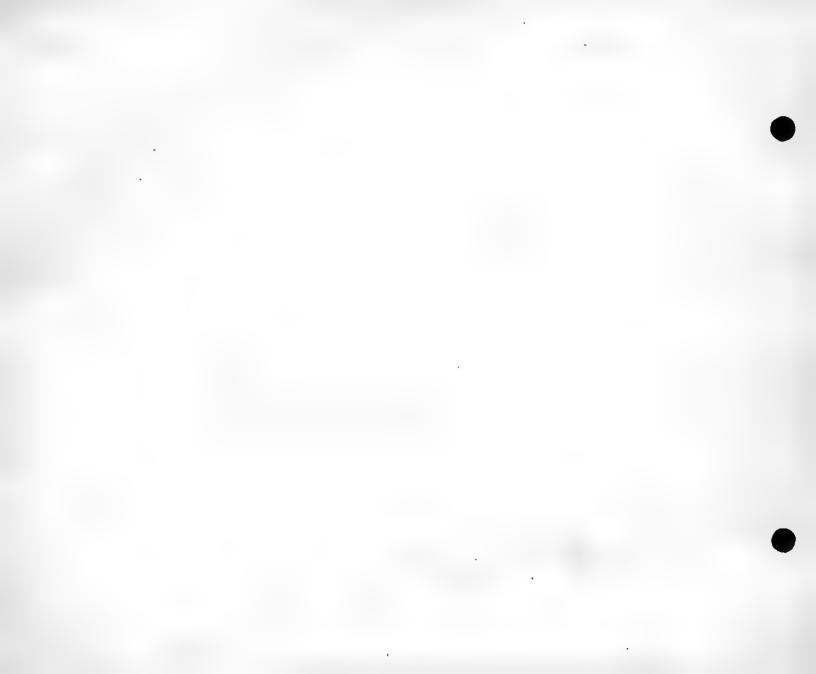
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<i>y</i> .	. 2	1	5923	3		CERTIFICAT	E OF DEATH	Н		0	5921
after deoth	the funerol	1 PLAC	E OF DEATH OUNTY Wicc	Omicoth	ts,	MARYLAND C. LENGTH OF STAY IN 16	a. STATE	ICE (Where deceased liver) APLIANC (If outside corporate lim	b. COUNTY	Wice	omico
hin 24 hours	illed in by popers. Po hin 72 hours		Me of Hospita Penir	t g ve neares! town) Sbury AL OR INSTITUTION (If n asula Gen			d STREET, ADDRESS	ALISBUID HUSTON	J. TE	CR.	e IS RESIDENCE ON A FARM? YES NO
executed with	ond completely filled is remove corbon poper in ony event, within 72	S SEX	ased edr print)	6. COLOR OR RACE	7 MARRIED WIDOWED	REDECCA NEVER MARRIED DIVORCED	Dyles B DATE OF BIRTH DEC. 6, 18	OF DEATH	April (Irl years	F UNDER 1 YEA Manths Day	R IF UNDER 24 HRS. Haurs Min.
rificate be	hysician in please vol, and j	during	AL OCCUPATION LOST OF WORKING	I (Give kind of work done life, even if retired)	Book Ring	NO OF BUSINESS OR DUSTRY KEEPER	WICO -	Kn	auntry)	12 CITIZEN COONTR	
e death cer	ending nit. Th or remo	(Yes, no	10	(If yes give war ar dates	at service) 2/4	1-10-7453 (INFORMANT LIFFORD	NA DKES	Address SAL	1.sbu	RY ND.
 The low requires that the death certificate be executed within 24 hours after death or oftending physician. 	igned by puriol-tran	Car	PART I. DEAT ditions, if any, to immediate ing the under		(a) Ur	(a) (b), and (c)) Terro Sixero	ne Hea	ry lead	en e	۷.	MERVAL BETWEEN ONSET AND DEATH Use A
ة نيا	erificate has been seel for use os the to of Heolth prior to be	CATION				O DEATH BUT NOT RELATED TO					19. WAS AUTOPSY PERFORMED? YES NO
ING PHYSICIAN by the hospital	detoch	<u> </u>	CONTRIBUTING EITHER, NOTIFY	10		Nat While fo	ACE OF INJURY (Hame, actory, street, affice bldg	, farm, 20f. (City	or town)	(Caunty)	(State)
		22		fy that (I) (this horeceased alive an_	spital) attend		at death accurred	d at 2 4 M, fro	STAFF PHYS.	d an the d	
O HOSPITAL OR ATTENT	o FUNERAL DIR director, Roge 3		c. PHYSICIAN'S NAME (Type)	(reorge		235. NAME OF CEMETERY O	Deenn C	Thy Rd. "	SAlis L N (City+or Tawn		Ucamico Md.
10 F	VR A15 (4)	24. 40	TERAL DIRECTO	C Hiel	11467 -Sali	PAREGNS Salury; mi	1. Atte	RECO BY REGISTRAR R 2 5 1967	11000 11 11	itrar's signa	TURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) filled in by the papers. Page Salisbury 70 days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital 701 Priscilla Street -YES NO THE 3. NAME OF Middle 4. DATE First Month Year DECEASED William Henry Elliott April 67 19 (Type or print) DEATH ve cor 9. AGE (In years S. SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TO **NEVER MARRIED** eve last birthday) 48 yrs. Manths 28s White Male WIDOWED DIVORCED | January 7,1919 the attending physician and sit permit. Then please rem dn 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 100. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDLISTRY Service Station Delmar, Maryland
14 MOTHER'S MAIDEN NAME Usa Owner & Operator 13. FATHER'S NAME Walter Elliott Maude Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT burial-transit permit. burial, crematian, or re Mrg. Jeanette Truitt Elliott (Wife) (Yes, no, or unknown) (If yes give war or dates at service) 221-05-9893 701 Priscilla Street, Salisbury, Maryland No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Epidermoid carcinoma of the right lung with IMMEDIATE CAUSE (a). signed by 1 yrs metastasis to the brain DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIF CATION far use YES | NO DE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1) of item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Nat While at wark 21. I certify that #1) (this haspital) attended the deceased fram Jan. 25 19 67, to April 5, 1967, that #0 (we) last saw the deceased alive an April 5 1967, and that death accurred at 5 A M, fram causes and an the date stated abave. 22b. DATE SIGNED 220 SIGNATULE STAFF PHYS. 1.75/67 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Deer's Head Hos ital: Salisbury, Md, A. C. Mitchell, M. D. directar, shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland April 7.1967 24. FUNERAL DIRECTOR **ADDRESS** 27 PREED BY REGISTERS 7 VR A15 (4) HOLLOWAY & COMPANY. SALISBURY. MARYLAND DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05923 FOR STAT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY p STATE b. COUNTY Wicomico Wicomico Maryland death. MARY, AND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give negrest town Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm Thours DOA Peninsula General Hospital 607 Railroad Ave. YES 🗔 NO [This certificate shauld be executed within 24 haurs after death 3. NAME OF Frst Middle 4 DATE Lost Month Dov Year DECEASED CALVIN HENRY ELLIS 4-24-67 19 (Type or print) DEATH IF UNDER 1 YEAR F UNDER 24 HRS S SEX 6, COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months 3 Hours 6-17-15 M WIDOWED DIVORCED l and 2 event 10a JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 STRTHPLACE (State or fore an country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME 14 MOTHER'S WAIDEN NAME 15 WAS DECEASED EVER IN J.S. ARMEDITURGES (Yes, no, or unknown) (If yes give wor or dates of service) 2/8-16-16 SOCIAL SECURITY NO. 17 INFORMANT Address. removal. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSEL AND DEATH sudden PART 1. DEATH WAS CAUSED BY Coronary occlusion 0 IMMEDIATE CAUSE (o). writing the ward s a burial-tra cremat.an, a 4201 DUE TO shauld be farwarded to the Conditions, if any, which gove Arteriosclerotic cardio-vascular disease vears rise to immediate couse (a). DUE TO stoting the underlying couse last. burral, 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(6) PERFORMED? NO X agent, priar ta 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of tem 1B) PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While at work Health or its designated 21 I certify that I taak charge of the remains described above, held an Autopsy Inspection [3] and in my opinion Inquiry death resulted frame. Natural causes 4 Accident . Surcide Homicide Undetermined manner the funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, A.D. DEPUTY MED CAL EXAMINER April 25, 1907 EXAMMER'S Address (Street, city, town or county) NAME (Type) 1,09 Camden Ave Salisbury. NAME OF CEMETERY OR CREMATORY 23d, ~ LOCATION (City or Town) BUR AL, CREMATION, 23b DATE THEREOF (County) (Stote) 0 REMOVAL (Specify) Macmuo 25o, RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A35ME (5) Marvel Funeral Home, Delmar, Del.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05926 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH and campletely filled in by the funeral femoval cathon papers. Pages I and in any event, within 72 haurs after dead o. COUNTY o STATE **b.** COUNTY MARYLAND Maryland Wicomico Wicomico b CITY OR TOWN (I) outside carparate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) write RURAL and give nearest town) Pittsville Salishurv d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 15 RESIDENCE ON A FARM? In Village (Box 93 YES 🗔 NO [Peninsula General Hospital 3 NAME OF Lost 4 DATE Year Doy DECEASED APRIL EMERICK 19 61 (Type or print) DEATH S SEX IF UNDER I YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS Jast birthdoy) Months Hours August 12,1910 FEMALE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) and in during most of working life, even if retired) COUNTRY? please INDUSTRY Pennsylvania House work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harry M. Emerick Lesto Bore IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. NFORMANT Urtis M. Emerick (Son) permit. (Yes, no, or unknown) (If yes give wor or dates of service) Box 93. Pittsville. Maryland No IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY love IMMED ATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEALER BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS' PERFORMED? detached far use te Dept. of Health NO 4 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or Jown) (County) (State) foctory, street, office bldg., etc.) Not While ot work at work 21. I certify that (I) (this haspital) attended the deceased from 44. 196 7. to. TO HOSPITAL OR ATTEND Page 4 may be retained and that death occurred at 6 03/4 M. from causes and an the date stated above saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland Dr. William B. Smith 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial Pittsville. Maryland 967 Pittsville Cemetery PR 4 REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 VR A1II (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



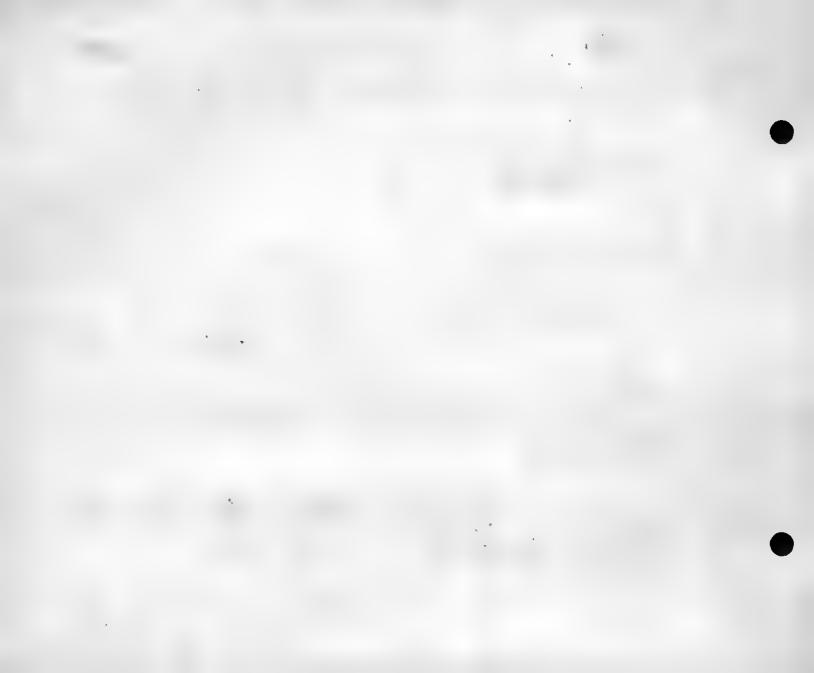
. 1	Items 18821 Film 388 5-1-MARYPAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	EPARTMENT OF HEALTH	VI AND 21201
FOR STATE		S CERTIFICATE OF DEATH	05925
HEALTH DEPT/	PLACE OF DEATH O. COUNTY LIS COMICO	USUAL RESIDENCE (Where deceased lived, f institution of STATE	INTY
any deloy is 2, and 3 to 7 P.M.3. Page eportments is often against a soften against a softe	b C TY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	Maryland c CITY OR TOWN (If outside corporate limits, write R	Wicomico URAL and give necrest town)
leoth If any Poges 1, 2, a with form PM	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
oges I h form h form h form hours	DOA Peninsula General Hospital 3 NAME OF First Middle	Box 337	YES NO X
offer deoth 1 8. Give Poges along with for with the State	DECEASED (Type or pant) TIMOTHY FRANKLIN	ENNIS OF DEATH	1-23-67
hours ofter death If a litem 18. Give Pages 1, Office along with form lands with the State De eyent within 72 hours	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 4-23-66 9. AGE (n yeors lost birthday) 1 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
1.24 hours ofter death in Item 18. Give Page er's Office along with ges landswith the Statony event within 72 hours event	100 USDAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (State or foreign country) 14 MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY? U.S.A.
vithin 24 Dencil in aminer's e pages d in ony	13. FATHER'S NAME William Ennis	Vivian Roberts	
xecuted with ading" in perfect that we will be with the control of	15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (Yes, no, or unknown) (If yes give wor or dotes of service)	INFORMANT Add	iress
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. Should be used as a burial-transit permit. File pages int, prior to burial, crematian, or removal, and in any	IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRODUCTO Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse (o) lost	illiam Ennis Hebren M ia	Id. Box 337 INTERVAL BETWEEN ONSET AND DEATH
his cert.foote, writing to forward be used to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS ALTÖPSY PERFORMED? YES 🔼 NO
INER: Thi ne cert ficot should be files 3 should be 3 should be	PRIMARY Or CONTR BUTING D CALSE OF DEATH Drank kerose	D (Enter nature of nurry in Port I or Port I of item 18)	
	S Hour g m . While Not While fo	LACE OF INJURY (Home, form, 20f (City or town) octory, street, office bidg, etc.) Hebron, Wi	(County) (Stote) comico, Maryland
- • • • • • • • • • • • • • • • • • • •	21. I certify that I tank charge of the remains described above, I death resulted from Natural causes, Accident, Su	uicide 🔲, Hamicide 🔲, Undetermined r	quity 🔼, and in my apin a manner 🗌
Mean please e place of director retained L DIRECTORIEC	ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MESTA necessary, pleose es the funeral director 5 may be retained TO FUNERAL DIRECTO Health or its design	EXAMINER'S Earl L. Royer, M.D. NAME (Type) 1.09 Camden Ave. Salisbury, Md.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	4-24-67
TO DI the L	230 BURIA. (REMATION, REMOVA. (Specify) BURIA 4/24/67 Green Acre		
VR A15ME (5)	24. FUNERAL DIRECTOR Winter of Studies ADDRESS Clinton Stewart Funeral Home. Salisbury	DEC DECIDING DECISION OF ME	REGISTRAR'S SIGNATURE PCLICALES LUGGE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05928 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) attending physician and campletely filled in by the funeral permit. Then please remave carbon papers. Pages 1 and an, or remaval, add intany event, within 72 hours after dect a. COUNTY b. COUNTY Wicomico MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) c LENGTH DF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Salisbury IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS NO V YES Peninsula General Hospital 3. NAME OF Middle 4 DATE Month Last Day Year DECEASED 0F Hon (Type or pnnt) DEATH S SEX COLOR OR RACE AGE (In IF UNDER I YEAR 冈 years 7 MARRIED **NEVER MARRIED** last birthday) Months Days Hours WIDOWED DIVORCED 12 CIT ZEN OF WHAT TOg USJAL OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE County & State, or foreign country) COUNTRY during most of working life, even if retired) INDUSTRY SA 13. FATHER'S NAME MOTMER'S MAIDEN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, na, alkinknown) (If yes give war ar dates of service) crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital ar attending physician JOPVUX DUE TO burial, Canditions, if any, which gave 1 rise to immediate cause (a), DUE TO far use as the t f Health prior to b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health YES Z-NO 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour am factory, street, office blda, etc.) Not While 19 should be 1967, that(1)/(we) last 2]. I certify that ((1)) (this hospital) attended the deceased from M, fram causes and an the date stated above and that death accurred at saw the deceased alive pn 22b DAJE SIGNED 22g. SIGNATURE ATTENDING DIRECTOR M.D. PHYS ADDRESS-22c. PHYSICIAN NAME (Type directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION 23b DATE THEREO (County) (State) REMOVAL (Specify) 250 REC'D BY REGERRATES **EUNERAL DIRECTO** ADDRESS VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05930 CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE 6. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If platside corporate limits, write RURAL and give nearest fown) write RURAL and give negrest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC d. STREET ADDRESS ON A FARM? □ NO □ YES Peninsula General Hospital NAME OF DATE Manth East Day Year remays carbon DECEASED ramplerely OF (Type or print) DEATH 196 requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 7 MARRIED DATE OF BIRTH 6 COLOR OR RACE **NEVER MARRIED** last birthday) Months Dovs Hours and in any WIDOWED DIVORCED and 12 CIT ZEN OF WHAT 10o USUAŁ OCCUPAT ON (Give kind of work done **10b.** KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? ease duting most of working life even, firetired INO...STRY SALIS BURY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, the attending phy sit permit. Then 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no. prunknown) (If yes give wor or dates of service) crematian, 1B. CAUSE OF DEATH (Enter only one cause per ine for (a), (b) and signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TÓ burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse far use as the li Health priar ta b TO FUNERAL DIRECTOR: After this certificate has billen lost. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES T be retained by the haspital ar 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. Nat While factory, street, office bldg, etc.) at work of work pe certify that (1) (this haspital) attended the deceased from that (I) (we) lost 7 and that death/accurred at M, from couses and on the date stated above. the deceased alive on 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS director, page 3 22d. ADDRESS NAME (Type) should 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) 23g BURIAL CREMATION. 23b DATE THEREOF (County) (State) KEMOVAL Spority VERGREGN 250. REC'D BY REGISTRAR 24. AFUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05931 CERTIFICATE OF DEATH physicion and campletely filled in by the funeral en please remaye corbon papers. Pages 1 and 2 The law requires that the death certificate be executed within 24 hours after death within 72 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY. b. COUNTY Wicomico Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sallsbury C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-White Haven days e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS "Ponemah Farm" Peninsula General Hospital YES X NO 3. NAME OF Middle First 4 DATE Doy Lost Year DECEASED RICHARD WHITWELL (Type or print) DEATH S. SEX IF UNDER 24 HRS 6 COLOR OR RACE n veors 7 MARRIED X NEVER MARRIED (ast birthdoy) Months 12,1898 Feb. White WIDOWED DIVORCED | 12 GT ZEN OF WHAT 11 BIRTHPLACE (County & Store, or foreign country) Do LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INCUSTRY Estate COUNTRY? A. during most of working life, even if retired)
Real tor Baltimore, Maryland 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME William Hambleton Anne Ruddock Address White Haven. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO burial-tronsit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 220-09-3971 Mrs Colleen Hambleton. Maryland yes INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), god (c).)
PART I DEATH WAS CAUSED BY: signed by IMMEDIATE (AUSE (o) Page 4 may be retained by the hospital or attending physician. FOOX DUF TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse director, page 3 should be aerotned but use us is should be filed with the Stote Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been PART JI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS'
PERFORMED? Elis 128 +82 A NO F 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) /205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour o.m. factory, afreet, office bldg., etc.) of work to 20, 19, that (I) (we) last M, fram causes and an the date stoted obove. 21. 1 certify that (1) (this hospital) aftended the deceased fram /// 19 6 Jand that death occurred at U saw the deceased alive on / L , 7 / 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d ADDRESS Medical Center, Salisbyry, Md. 22c. PHYSICIAN'S . Gilmore, M.D. NAME (Type) David 23b. DATE THEREOF 23d ŁOCATION (City or Town) (Stote) 23p. BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial St. Mary Episcopal Pocomoke City, Md. 4-22-1967 Wor. 2Sb. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR **EUNERAL DIRECTOR** AFR24 VCharles Judge Pocomoke City. Md.

atson



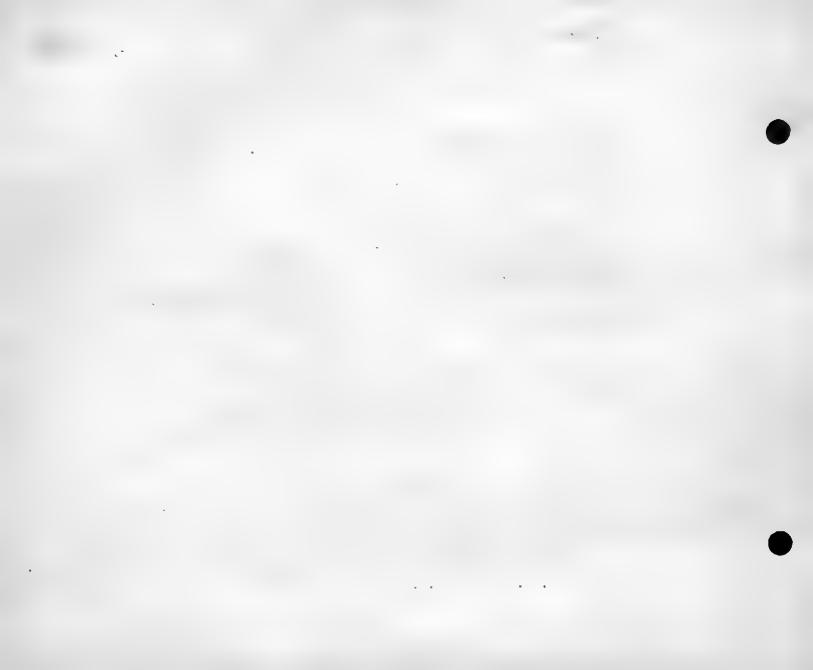
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	11
(M)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH	05930
s offer death the funeral ages 1 and 3	1 PLACE OF DEATH o. COUNTY Wicomico b. CITY OR TOWN (If outside carparate limits. o. COUNTY C. CITY OR TOWN (If outside carparate limits.) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carparate limits, write RURAL and give n	J
nours of the party	write RURAL and give nearest town) Salisbury Is Years Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	T e IS RESIDENCE
hin 24 hours filled in by the n papers. Page ithin 72 hours	Peninsula General Hospital	ON A FARM? VES NO K
be executed within 24 hours after and completely filled in by the fur remove corban papers. Pages 1 in any event, within 72 hours after	3 NAME OF First Middle Lost 4 DATE Month OF OF DEATH APRIL	Day Year 5 1967
d company any eve	MALE DEGRO WIDOWED DIVORCED 1/18/28 lost birthday) Months D	YEAR IF UNDER 24 HRS. Doys Hours Min.
rion or care be and a	during most of working life, even if retired) INDLSTRY Factor North Corelina U.S.	ZEN OF WHAT NTRY? A
ertific phys hen p novol,	13. FATHER'S NAME Henry Hamalton 14. MOTHER'S MAIDEN NAME Esther Covinton	
deoth corrections or rem	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates af service) 16 SOCIAL SECURITY NO 17. INFORMANT Rivers Address 579-36-627 Marie Dannia. Princess Anne, M	
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death be retained by the hospital or attending physicion. SIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral e 3 should be detoched for use as the buriol-transit permit. Then please require corban papers. Pages 1 and ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death and with the state Dept.	Conditions, if ony, which gove inset to immediate cause (a), stoting the underlying couse (b) Is CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove inset to immediate cause (a), stoting the underlying couse (c) DUE TO Conditions, if ony, which gove inset to immediate cause (a), stoting the underlying couse (c)	INTERVAL BETWEEN ONSET AND DEATH OF STREET
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at Item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTICE WAS UNDERLYING TO BE THE PROPERTY OF THE PROPERTY OF THE PARTY OF T	19 WAS AUTOPSY PERFORMED? YES NO
YSICIAI ospital certifica hed foo	20a ACCIDENT WAS UNDERLYING CONTRIBLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifica je 3 should be detoched for	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 White atwark of wark factory, street, office bldg.fetc.) 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg.fetc.)	ly) (Stote)
TENDII ined by OR: Aft ould by	21. I certify that (I) (this hospital) attended the deceased from	date stated above
OR A1 OR A2 DIRECT S she ed writh	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS CITY OF PH	E SIGNED
O HOSPITAL Poge 4 moy Funeral i director, pog should be fi	NAME (Type)	
O HOSPITAL Poge 4 mby O FUNERAL idirector, pog	Burial 4/9/67 Hamlet Hamlet North	County) (Stote)
VR A15 (4) 20 M 1/66	William H. James Jr. Princess Anne, Md APR RT DBY 1967 ART DATE	MATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05933 CERTIFICATE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please remave carbor papers. Pages 1 and 2 death PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY h COUNTY o. STATE or papers. Pages 1 within 72 hours after MARYLAND Maryland Vicomico Wi.comico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) 12 Days Salisbury Salisbury e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS YES NO IN Deer's Head State Hospital.Salisbury.Md 309 Newton St. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 19 67 DEATH (Type or print) Katherine (Smith) Hargreaves event. IF UNDER 24 HRS S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours White Female WIDOWED DIVORCED August 30.1925 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life leven if retired) Medical S. Hill, Virginia Society Exec. Secretary 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME ar remaval, Joseph H. Smith Kate Woodward IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address bernard C. Hargreaves (Husband) Newton St., Salisbury, Maryland (Yes, no, or unknown) (If was give war or dates of service) 227-24-3990 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))
PART I DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH Undifferentiated carcinoma of the lung with IMMEDIATE CAUSE (6) cerebral metastasis. 4 months DUE TO Conditions, if any, which gove use to immediate cause (a). **DUE TO** stoting the underlying couse by the haspital or attending **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bidg., etc.) Hour o.m. Not While ot work of work 19_67_Ata_ 21. I certify that (I) (this hospital) attended the deceased from 1967, that (I) (we) last 3/30 ro Hospital OR ATTEND Page 4 may be retained 19 67, and that death occurred at 2:50°M, from causes and an the date stated obave. saw the deceased alive on. 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR ATTENDING STAFF PHYS. 4/11/67 directar, page 3 should be filed v M.D PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) A. C. Mitchell. M. D. Deer's Head State Hospital Salisbury 23d LOCATION (City or Town) 23o. BURIAL CREMAT ON. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Wicomico Wemorial Park Saliabury Maryland REGISTRAR 255 REGISTRAR'S SIGNATURE April 14.1967 Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND Milarles Judge



2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
: 27	05934	CERTIFICATE OF D		05932		
after deoit	PLACE OF DEATH a. COUNTY Wicomico b. CITY OR TOWN (f autside corporate limits	MARYLAND C. SIAI	RESIDENCE (Where deceased lived, if institution is a country of the country of th	Somerset		
uted within 24 hours af impletely filled in by the searbon popers. Poger seent, within 72 hours of	write RURAL and give pearest town) S2lisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspe Deer's Head State Hos 3 NAME OF	239 days tol, give street oddress) d. STREET	Crisfield ADDRESS Rt. 1 Box 223	e IS RES DENCE ON A FARM? YES NO		
physicion ond completely filled in by the funeral en please remave carbon papers. Pages I and oval, and in ony event, within 72 hours afferded	C WIDOW DECEASED (Type or pnnt) HATTE S SEX 6. COLOR OR RACE 7 MARR WIDOW	VED DIVORCED TAN.S	BIRTH 9. AGE (In years last birthday) 3 1901 66 yrs.	20 1967 IF UNDER 1 YEAR 1F UNDER 24 HRS Manths Days Haurs M.n		
n certificate be exenge physician and confirmation ond confirmation please remainments.	during most of working lifer even fretired) 13. FATHER'S NAME AMES Coulbou	rne E	Tha Toll	12 CITIZEN OF WHAT COUNTRY?		
requires that the death certificate be executed within 24 hours after deoth g physicion is signed by the ottending physicion and completely filled in by the funeral signed by the ottending physicion and completely filled in by the funeral signed by the ottending physicion and completely filled in by the funeral signed by the ottending physicion and completely filled in by the funeral special burial cremation, or removal, and in any event, within 72 hours afterdeath	(Yes, no, ar unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter an y one cause per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	G'E	orge T. Haskell	INTERVAL BETWEEN		
e law requires the thending physicion as been signed by as the burial-troprior to burial, cre	Candit ons, if any, which gave itse to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	arterio rele	rozei	9 Moz,		
ICCAN: The pital are of Health	200 ACCIDENT WAS UNDERLYING [] 20b	DESCRIBE HOW INJURY OCCURRED. (Enter noture	of injury in Part I ar Part It of item 1B.)	YES NO		
OR ATTENDING PHYSIC De retained by the hospit NIRETOR: After this certi e 3 should be detached ed with the Stote Dept. of	₽ Hour a m W	d INJURY OCCURRED h e Mat While at work lended the deceosed fram August 20 1967, and that death oc	fice bldg , etc.)	(Caunty) (State) 20, 1967, that (I) (we) lost and on the date stated above		
PITAL OR ATTEI may be retaine :RAL DIRECTOR: r. page 3 shoul be filed with th	22c PHYSICIAN S NAME (Type) L. V. Malidve	ATTENDI MD ATTENDI 1 220 A	NG MED STAFF DIRECTOR PHYS	22b DATE SIGNED		
h	230 BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 24. FUNERAL DIRECTOR	230 NAME OF CEMETERY OR CREMATORY ADDRESS ADDRESS	23d LOCAT ON (C ty or Tow LAWSONIA 25a RK DET RESISTEAR 196755 REG			
VR A15 (4) 25M 1/67	Hulkony & Mari	Crestale Mel	DATE	Judge		



<u> </u>	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
. 2	05 935	CERTIFICATE OF DEATH	05933			
after death. be funeral ges 1 and 2 get 1 and 2	1 PLACE OF DEATH a. COUNTY Wicomico b. CITY OR TOWN (If autside carparate limits write RURAL and give nearest town)	MARYLAND 0. STATE Maryland	eceased lived, if institution: Residence befare admission) b. COUNTY Wicomico rporote limits, write RURAL and give neorest town)			
within 24 hours of tilled in by the control of the	Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give str Peninsula General Hospi 3. NAME OF DEFCASED FIRST	3/18/67 Salisbury reet address) d. STREET ADDRESS tal 326 Camde: Middle lost 4 PA	n Avenue c is residence on a farm? YES NO NO NO NO NO NO NO N			
ate be executed vician and complete lease remove care and in any event.	(Type or print) S. SEX 6. CDLOR OR RACE Female Widowed 100 LSUAL OCCUPATION (Give kind of work dane during most of working file, even fret red) Practical Nurse	NEVER MARRIED 8 DATE OF BIRTH DIVORCED September 14,18 BUSINESS OR 11 BIRTHPLACE (County & Stote, 4) Quantico, Mar	ar fareign (auntry) 12 CITIZEN OF WHAT COUNTRY?			
ne death certific attending phys permit. Then p ian, ar remaval,	(Yes no or inknown) If If yes a ve war or dates of service)	SECURITY NO. 17 INFORMANT Mrs. Lulu Wilso 326 Camden Ave.	n (Sister)			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove captan papers, Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death	PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TD Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	antre Can	ONSET AND DEATH			
CIAN: The I ital or after ital or after ifficate has for use as far Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF C	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION HOW INJURY OCCURRED. (Enter nature of injury in Port I or	YES NO Z			
IDING PHYSICIAI 1 by the hospital After this certifice i be detached fai 5 State Dept. af He	20c TIME OF INJURY Manth, Day, Year 20d INJURY C	Not While of work foctory, street, affice bldg, etc.) he deceased from 3/2-8, 19/6/	Of (City or town) (Caunty) (State)			
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. at Healt	saw the deceased alive an 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. William B. Sm.	446A M.D ATTENDING MED DIRECTO	from couses and an the date stated above 22b DATE SIGNED 27 PHYS. 4 4 6 7			
ro Hospital Page 4 may To FUNERAL I director, page shauld be file	23a BURIAL, CREMATION. 23b DATE THEREOF 23c	NAME OF CEMETERY OR CREMATORY 23d	isbury, Maryland LOCATION (City or Town) (County) (Stote) Salisbury, Maryland			
VR A15 (4)	24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBU	ADDRESS 250 RIGH BY REG				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY a. STATE **b** COUNTY Maryland Caroline campletely filled in by the fur ove garban papers. Pages 1 y event, within 72 hours after Nicomico MARYLAND b CITY DR TOWN (f autside corporate limits write, RURAL and give nearest fawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH DE STAY IN 16 30 Days Denton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE DN A FARM? Deer's Head State Hospital. Salisbury. Md. YES NO T Box 43 3 NAME OF DECEASED (Type or print) Middle First Last 4 DATE Month Day Year 26 1967 Hoffman April Elizabeth DEATH S SEX 6 COLDR DR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove last birthday) Months Haurs burial, crematian, or remaval, and in any WIDOWED DIVORCED white Female and 10a. USUA. OCCUPATION (G ve kind at work dane during most at working life, even if retired) 10b KIND OF BUSINESS DR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) NOUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 1B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burnal-transit Carcinoma right breast with metastases signed by t IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO as the priar to t stating the underlying couse has been PART IF DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTDPS' PERFORMED? ND X O FUNERAL DIRECTOR: After this certificate Multiple pathological fractures YES 🗌 20a ACCIDENT WAS JNDERLY NG □ 20b. DESCRIBE HDW INJURY DCCURRED (Enter nature of injury in Part I or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) Not Wiffile Haur a.m. factory, street, affice bldg., etc.) at work 4/26 21. I certify that (1) (this haspital) attended the deceased from 19 67, that (I) (we) lost 3/27/67 . 19 director, page 3 shauld shauld be filed with the 1967, and that death accurred at 9:35 M, from causes and on the date stated above. 1/26 saw the deceased alive an 22a, SIGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF PHYS 1/26/67 M.D 22d ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md. NAME (Type) L. V. Maldve, M. D. CEMETERY DR CREMATDRY 23d_LDCAT DN (City or Town) 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR ADDRESS



4	1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	. 22		05937	CERTIFICATE	OF DEATH	05935
of contract		Ī	PLACE OF DEATH o. COUNTY Viconico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institute o. STATE Md b. COU	
PHYSICIAN: The low requires that the death certificate he executed within 24 hours offer	by the f		b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If auside carporate limits, write RU	RAL and give nearest fawn)
24 hg	filled in by the		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi Peninsula General	,	d. STREET ADDRESS	ON A FARM? YES NO D
within	completely from the complete of the complete o	3	NAME OF PRIST (Type or pnnt)	Wilson H	Lost 4. DATE Mon	1 26 1967
xeriilə	nd complet remove car any event,	\$.	SEX 6 COLOR OR RACE 7 MARR	WED DIVORCED	DATE OF BIRTH / 9. AGE (In years last burhdoy) Ct 25 (902 C 4 yrs	Months Days Hours Min.
94	sician and a		USUAL OCCUPATION (Give kind of work done ring most of working ife, every retired)	industry Receleval	11 BIRTHPLACE (County & State, or fareign country)	12 CITIZEN OF WHAT COUNTRY? U.S.
rantific	ling physician (Then please remaval, and it	13.	Marcon Holler	vay	14. MOTHER'S MAIDEN NAME Elizabeth Bake	
death	attending permit. The		. WAS DECEASED EVER IN S ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service)	16 SOCIAL SECURITY NO. 17. IN 221-63-1115	trzel Helberry L	elmor Mid
the	an. by the att fransit per cremation,		18 CAUSE OF DEATH (Enter only one couse per ling PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Myotardial	Infonction.	INTERVAL BETWEEN ONSET AND DEATH
lires t	physician signed by the burial-transit burial, cremal		Conditions, if any, which gave (b)	oronary Th	rom losso	8 days
ow red	aftending p has been si se as the b h priar to by		stoting the underlying couse DUE 10 (c) (c)	own any an	le wooleron	Wer haven
The	pital ar atter rtificate has ad far use a af Health pr	ICATIO!	Eulymans "	Sdemh	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED 2 YES P NO
YSICIAN	aspital ar certificate hed far u ot. af Heall	GRI	OR CONTRIBUTING CAUSE OF DEATH / (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Part I ar Part II of item IB.)	
e.	e e ± ± €	MEDICAL	Haur a.m. 19 at	While Not While facta	E OF INJURY (Home, form, ry, street, office bldg., ptc.)	(County) (State)
ATTENDIN			21 I certify that (I) (this haspital) at saw the deceased alive an		death accurred at 3 1/2 M, fram vouses	and an the date stated above.
8	. ≝ Ш ≷		220 SIGNATURE 220 PHYSICIAN'S	M.D	ATTENDING MED. STAFF PHYS DIRECTOR PHYS. C	22b. DATE SIGNED
O MOSPITAL	Page 4 may be To FUNERAL DIRI director, page 3 shauld be filed v	22	NAME (Type)	LOOS MANE OF PENETERY OR O		own) , (County) (State) ,
10 HO	Page 4 r		a. BUR AL, CREMATION, REMOVAL (Specify) 4 FUNERAL DIRECTOR A FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR CO	Salesbury	Wiscounty (State) Wiscounted Md EGISTRAR'S SIGNATURE
	VR A15 (4) I.	1	William I My	el solones		liantes Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institut of a. COUNTY a. STATE Maryland b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisburv Salisbury within completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) A STREET ADDRESS a. IS RESIDENCE ON A FARM? 203 Marshall Street Nursing Home death certificate be executed YES NO A 3. NAME OF Middle Month Dev DECEASED John Humler April George (Type or print) 67 DEATH 10 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS B. DATE OF BIRTH and las birthday) Months any event, Male Aug. WIDOWED TO DIVORCED [aftending physician please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Plant Supert. Pkg. Co. USA Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown Then requires that the removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Old Hickory Mill Rd. (Yes, no, or unkown) | (Ifyes give war or dates of service) ad by the hospital or ettending physician.
After this certificate has been signed by the stacked for use as the burial-transit permit. C.Richard Humler Salisbury. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BETWEEN ŏ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, 1145 X DUE TO Conditions, if any, which " gave risa to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? prior YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of I'am 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) defached may be retained by DIRECTOR: After 1 MEDICAL. 2Dc. TIME OF INJURY 2pd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm,) (State) Month, Day, Yaar 201. (City or town) (County) o, factory, straat, office bldg., atc.) Hour a.m. Not While al work at work p.m. 19 8 /RU/ 21. I certify that (i) (this hospital) attended the deceased from...... 10.77-(i) (we) last saw the deceased alive on.... 22a. SIGNATIVE 22b. DATE SIGNED MED HOSPITAL FUNERAL page with ti PHYS. DIRECTOR PHYS. M.D. death. Page 22c. PHYSIC AN'S 22d. ADDRESS ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, town or county) åöo REMOVAL (Specify) Salisbury, Wicomico Mem. Park 967 25a, REC'D BY REGISTRAR ; 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS VR A15 (4) 2 Salisbury, Md. ace



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral arange 25030 rand 2 death, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Maryland Wicomico after Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Salisbury Salisbury Ξ, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 24 614 Hunting Park Drive Wicomico Nursing Home NO K YES Ketely ration p executed within 3. NAME OF Middle Last Day DECEASED April 67 remove car (Type or print) ROWE KETCHAM DEATH 19 NETTIE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5 SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 94 Female White WIDOWED K DIVORCED [August 12. 1872 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician INDUSTRY COUNTRY? certificate be Royalton Center, N. Y. House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Mary Elizabeth Rowe John W. LaBar. Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the atten the burial-transit permit. It to burial, cremation, or Sr. that the death (Yes. no. or unkown) | (If yes give war or dates of service) John C. Ketcham, No Hunting Park, Salisbury, Maryland CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If Jany, which (b) gave rise to immediate DUE TO (a), stating the as th underlying cause last. After this certificate had be detached for use a State Dept. of Health pr CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. NO SC YES ! DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED Page 4 may be retained to Function of Func factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 Z, that (I) (we) last and that death occurred at 3. A.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED **SURNATURE** ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) director, p Frank E. Poole 111 Davis Street. Salisbury. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2 Chestnut Ridge Cemetery Lockport, N. Y. Burial 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | 24. FUNERAL DIRECTOR ADDRESS 196 HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64



Division of		I ARYLAND STATE DEP RCH AND RECORDS, 301			ARYLAND 21201	leana
05940		CERTIFICATE	OF DEATH		į	15958
PRACE OF DEATH o. COUNTY WICOMICO		MARYLAND	2. USUAL RESIDENCE (W o. STATE	b	COUNTY Seis	sof
b CITY OR TOWN (If outside corporation of the RUBAL and give nearest Salisbury	town)	C LENGTH OF STAY IN 16	c CITY OR TOWN III aut	side corporate limits, wr	te RURAL and give no	46.
d. name of Hospital or Institut	General H	ospital	d STREET ADDRESS	RFD.		ON A FARM? YES NO P
3 NAME OF DECEASED (Type or print) A	First 7EL1A RACE 7 MARRIED 1	Middle KR	EWATCH DATE OF BIRTH	4. DATE OF DEATH 9 AGE (In ye	Month P14 /8 ors IFUNDER 1 YE	
FEMALE WHIT	Z= WIDOWED	D OF BUSINESS OR	July 24 18	\$4 State, or foreign country	oy) Months Do	N OF WHAT
during most of working life even if leti		USTRY Horre	Penn 14. MOTHER S MAIDEN N.	•	COUN	TRY? US
Paul Dod	leskie	OCIAL SECURITY NO 17 IN	FORMANT		Address	
(Yes, no, or unknown) (If yes give wo	r or dotes of service) 22	7-24-8852 CU	lbert V. K.	rewatch	Delmes	Del INTERVAL BETWEEN
PART I. DEATH WAS CAUSE		les oscler	The Her	& Desea	se	ONSET AND DEATH
Conditions, if any, which gove nise to immediate cause (o), stating the underlying cause	(b)					
last ()	(c)	DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONI	DITION GIVEN IN PART	6)	19. WAS AUTOPSY PERFORMED?
SON ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF D	OMELLE X	CRIBE HOW INJURY OCCURRED (Enter noture of injury in P	ort I or Port II of item	18.)	YES NO
(IF EITHER, NOTIFY MEDICAL EXAM 20c. TIME OF INSURY Month, De Hour o.m.	oy, Yeor 20d IN.		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or to	wn) (Count	y) (Stote)
21. I certify that (I)			death accurred at		6 , 19 6	/that (I) (we) las date stated abave
saw he deceased all	ve an The	M.D. M.D.	ATTENDING -	MED. STAFF	22b. DATE	
22c. Physician's NAME (Type) 230 BURIAL, CREMATION, 23bCCC 23bCCC 23bCCCC 23bCCCC 23bCCCC 23bCCCC 23bCCCC 23bCCCC 23bCCCC 23bCCCC 23bCCCC 23bCCC 23b	- Jan	Rib	22d. ADDRESS	11173		
230 BURIAL (REMATION, 23b) 28 REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City	Lucas	ounty) (State)
24. FUNERAL DIRECTOR Moss	val shel	mer Deress		BY REGISTRAR 2 2 2 4 1967	Sb. REGISTRAR'S SIGN	VATURE Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USHAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Wicomico Maryland Somerse MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) 1/2 yrs. Rural-Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? Springhill Sanitarium R.F.D. YES X ND 3. NAME OF First Middle 4. DATE Last Month Year DECEASED DF event, MARY ANGIE and comp (Type or print) 1967 LANKFORD DEATH Apri] executed 6. COLOR OR RACE 5. SEX DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24HRS. last birthday) Months | Days | Hours | Min. 7. MARRIED X NEVER MARRIED any White Female MIDOMED [1876 DIVORCED [e attending physician apprendit. Then please reion, or removal, and in Ξ 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country)
Orcester County, during most of working life, even if retired) INDUSTRY Housewife S death certificate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levin Scott Salby Anne Brittingham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) been signed by the att the burial-trans.t permi for to burial, cremation, o Νo None William Scott Marion, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] **INTERVAL BETWEEN** CLOOKS PART I, DEATH WAS CAUSED BY: NG PHYSICIAN: The law requires that to by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate has been as the l DUE TD cause (a), stating the underlying cause last. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather the control of Health control WAS AUTDPSY PERFORMED? ND Z YES CERTIF 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) etacher Dept. MFDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) e de Hour a.m. ther be d State While Not While at work p.m. at work DIRECTOR: Affi age 3 should b lied with the Si retained 19/2-21. I certify that (!) (this hospital) attended the deceased from and that death occurred at 7 2M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED 22b. ATTENDING PHYS. page MED. STAFF TO Huse 4 may Page 4 may M.D. PHYS. FUNERAL PHYS CIAN'S 22d. ADDRESS 22c. director, p NAME (Type) Wilbur S Medical Center. Salisbury. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OF CHEMATORYX (State) 23a. REMOVAL (Specify) 4-9-19 Mary Episcopal Pocomoke City ADDRESS REC'D BY RECISTRAR **FUNDRAL DIRECTOR** 25b. Pocomoke City, Md. VR A15 (4) 1/65 Watson



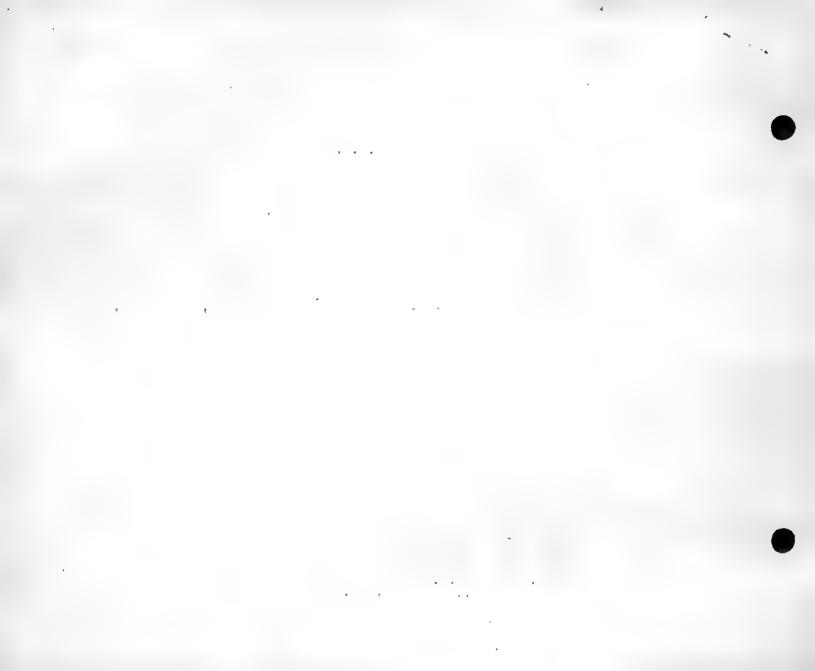
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05942 05941 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Wicomico **b** COUNTY Maryland Wicomico MARYLAND b CITY OR TOWN (If outside corporate limits E LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) Salisbury Hebron wks d STREET ADDRESS e. IS RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i Peninsula General 411 Walnut St. YES NO T 3. NAME OF Middle DATE Lost Day Year DECEASED 0F W. RMCRE (Type or print) NORMAN DEATH Car IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH (In years NEVER MARRIED oye o birthauy) last Months Days Haurs 7/22/22 WIDOWED DIVORCED rem and in an physician and USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please INDUSTRY COUNTRY? Maryhand U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, signed by the attending phy burial-transit permit. Then Alonzo A. Larmore Ella Thomas 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes_no_or unknown) (If yes give war or dates of service) 219-05-0348 W. Larmore. Hebron crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: monara IMMEDIATE CAUSE (o' Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave nse to immediate couse (a), DHE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION State Dept. of Health YES NO OR ATTENDING PHYSICIAN: ţ 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form. (City or town) (State) Haur a.m. factory, street, office bldg., etc.) While Not While at work at work 1967, that (I) (was) last 21. I certify that (1) (this hospital) attended the deceased from March 20 1967 to Ann. should saw the deceased alive an Apr 1967, and that death accurred at 3 M, from causes and an the date stated above. 22a. SIGNATURE-22b. DATE SIGNED ATTENDING M.D DIRECTOR PHYS PHYS. 22d, ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Thomas Hill Rhury NR director, shauld NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) BURIAL, CREMATION Crema Cion At Sea Atlantic Ocean 24. EUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Bi val ve Municonles VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05943 CERTIFICATE OF DEATH 0 y filled in by the funeral 2m papers. Pages 1 and 2 vithin 72 haurs after death requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Wicomico o. STATE b. COUNTY MARYLAND Delaware
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Laurel Salisbury d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? RD nr Bortsville YES NO X Peninsula General Hospital and campletely file remayer tarban 3 NAME OF 4. DATE First Middle Last Month Year Day DECEASED
(Type or print) PETER H. and in any event, DEATH 196 S. SEX DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE (In years 7. MARRIED NEVER MARRIED X bust birthday) Months Days Hours 2/9/01 WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT physician c during most of working life, even if retired) COUNTRY? INDUSTRY engineer Univ. of Penna Germany IISA the aftending physicinsit permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Legaye Syvilla Graf 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFÖRMANT Address (Yes, na, or unknown) (If yes give wor ar dates of service) 1982661 Florence P. Legave INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) & weeks DUF TO burial, Conditions, if only, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 🗌 NO [far 20a. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II of Item 18.) Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While at wark þe 21 I certify that (I) (this haspital) attended the deceased fram ? $\underline{\hspace{0.1cm}}$, that (I) (we) last shauld M, fram causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED. DIRECTOR STAFF M.D PHYS. director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) DUTIAL Portsville Del Portswille Chu REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (III) 20 M 1/66 Laurel, Del.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERTIV PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 2, and 3 to PM3. Poge a. COUNTY n. STATE b. COUNTY Wicomico οĘ deoth. MARYLAND Maryland Wicomico deloy b CIY OR TOWN (If outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) after Saliabury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCI hours ON A FARM? Pages Peninsula General Hospital D.O.A. 714 Howard Street NO B YES after death. 3 NAME OF First Middle DATE Lost Month Day Year DECEASED he 8. Give l WILLIAM MALONE CALVIN 19 67 April 1 (Type or print) DEATH SFX 9. AGE (n years 6. COLOR OR RACE B. DATE OF B RTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARR FO NEVER MARR FO WIT lost birthdoy) 3 Days Hours Male White WIDOWED D VORCED August 29.1914 event 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ony Siloam, Maryland .⊆ Exam.ner's pages pencil 13. FATHER'S NAME 14 MOTHER'S MAJOEN NAME be executed within .= ond William Francis Palmer Malone Adele Hilghman 17 Mrs. Gladys Helen Malone (Wife) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO (Yes, no, or unknown) (If yes give war or dates at service permit removal. pending" 213-14-1269 714 Howard Street. Salisbury, Maryland No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ol-trons' PART I DEATH WAS CAUSED BY SUCCES AND DEATH Coronary occlusion Ö IMMEDIATE CAUSE (a) e, writing the word forworded to the Ch This certificate should used as a burial-tr burial, crematian, DHE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse lost PART 1 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? please execute the certificate, YES . NO X þe designated agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Iem 1B.) PRIMARY Or CONTRIBUTING phould EDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While Hour o.m foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Poge of wark at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinian death resulted from Natural causes X Accident . Suicide Homicide Undetermined monner CHIEF MFDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 April OEPUTY MEDICAL EXAMINER Earl L. Royer, M. D **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, ar county) 409 Camden Ave Salisbury Md. 23o BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((County) (State) 0 Profes PACON April 4,1967 Springhill Memory Gardens Salisbury, Maryland 256 MEGIPARS AGNA PERGE 24. FUNERAL DIRECTOR 250 APER BY REGISTRIB67 VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE



. 1 \	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN Item #8 Film #G388 4 CENTRICATE OF DEATH	D 21201
1	05945 Item #8 Film #G388 4 CERTIFICATE OF DEATH	05943
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution:	Residence before admission)
the funera	G. COUNTY WI COTTO O. STATE MARYLAND B. COUNTY WI COTTO	omico_
nours after the by the factors after thours after thousand the factors after thousand the factors after the factors afte	b. CTY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL or CITY	and give nearest town)
by Pa	Salisbury 1/PA45 3A-1500r4	/
d in pers	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1500 LADREL A	e IS RESIDENCE ON A FARM?
cuted within 24 hours afformations of the sampletely filled in by the carbon papers. Pager syent, within 72 hours of	Peninsula General Hospital 1500 LAUREL 1001	Day Year
be executed withing and completely fit grown to carbon promoted by the carbon promoted by t	DECEASED (Type or point) LINA IVA MARTIN DEATH APRIL	13 1967
nted of the second	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF, BIRTH 1 000 9. AGE (In years LE	UNDER 1 YEAR IF UNDER 24 HRS
exec em pu mb	FEMALE White WIDOWED DIVORCED 5/5/18/90 76 yrs	anths Days Haurs Min.
9	100 USUAL DCC_PATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Country & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
ate iciar eas	dur na mast at work no lite, even it retigad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U,SiA.
phys en p	ROWLAND G. BAKER HATTIE H. SULLIV	1001
ing ing	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	7114
The law requires that the death certificate be executed within 24 hours after death attending physician. The death has been signed by the attending physician and completely filled in by the funeral se as the burial-transit permit. Then please them be carbon papers Pages, and the priar ta burial, crematian, ar remaval, and heavy event, within 72 hours after a fine and the priar ta burial.	(Yes, no acunknown) (If yes give war or dates at service) 220-26-8562MRS, Eileen Hensley	See Sec 2.
the at t pe at trian	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	ONST AND DEATH
hat n. y, # ansi	Immediate Cast (u)	Luy 3 Well
res t sicia ed t al-tr	Conditions, if ony, which gove)	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached far use as the burial-transit permit. Then please should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and	200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS	
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TOR:	saw the deceased alive on 1/3 1967, and that death occurred at 6 M, from causes and	22b. DATE SIGNED
REC 3 sid with	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS	14 Bal67
AL Q 17 by	22c. PHYSICIAN'S 22d ADDRESS	64
SPIT, 4 mc ERA or, F d be	NAME (Type)	
TO HOSPITAL Page 4 may TO FUNERAL I director, pageshauld be fill	230. BURIA, CREMATION 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY, 23d LOCATION (City or Town) REMOVAL SOBORTH 4-17-1967 PARSONS CEMETERY SALISBURY	(County) (State)
	REMOVAL SOBRETOR LA 17-1967 PARSONS CEMETERY SALISBURY 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 2550. REGIS	RAR'S SIGNATURE
VR A15 (4) (20 M 1/66	Hill FunerAl Home Salisbury, Mc DATE 18 1961 go	carles Judges



1 1	Division of STATISTICAL RESE I tem 非色		PARTMENT OF HEALTH W. PRESTON STREET, BAL	TIMORE, MARYLAND 212	01
(059	1 tem #0	CERTIFICATE	OF DEATH		05944
has been signed by the attending physician. has been signed by the attending physician and carpetelly filled in by the funeral isse as the burial-transit permit. Then please remain and appers. Pages 7 and 1. Wall of the funeral isse as the burial, crematian, or remaval, and in any event, within 72 hours of expectation is set in its state. 13. Fathers 2. Sex 13. Fathers 3. Sex 14. Candition is set in its state	DEATH LCOMICO	MARYLAND	2 USUAL RESIDENCE (Where deco	b. COUNTY	e before admission)
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Ped	of HOSPITAL OR INSTITUTION (If not in hospital, eninsula General	Hospital	CEDARITALL	- RD	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or p	innt) OLIVIA 6 COLOR OR RACE 7 MARRIED	Middle Meyer Married 8	CCABE OF DEAT	H APRIL .	Day Year 2/ 19 67 1 YEAR 1 IF UNDER 24 HRS
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TS WAS DECI		S E SOCIAL SECURITY NO 17 IN	NURGARE	Address	2401
Lie CAU	ISE OF DEATH (Enter only one couse per line for RT I. DEATH WAS CAUSED BY	r (a), (b), and (c)	RS-JOHN 3M	MCK JOCOMO	INTERVAL BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (a)	1. rosdedei t	a hileren &	wereal truck	-
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X 5	Hour a.m y While p.m. 19 at wa	e Nat While facto	F OF INJURY (Home, form, ary, street, affice bldg., etc.)		only) (Stote)
sow ₽ €	I certify that (I) (this haspital) after the deceased alive-on-	19 62, and that	death accurred at 22 32	22b. D.	
22c Pl	IYSICIAN'S	M.D	22d, ADDRESS	0	11-57
23a BURIAL,		23c. NAME OF CEMETERY OR C		OCATION (City or Town)	(County) (State)
24 FUNERAL	AL (Specify) A I A L T T T T T T T T T T T T T T T T T T	ADDRESS	250 REC'D BY REGI	STRAR 256 REGISTRAR'S S	O.C. / D



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05947 CERTIFICATE OF DEATH death : The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission physician and completely filled in by the funeral en pleose remave carbon papers. Pages 1 and o. COUNTY b. COUNTY o. STATE Wicomico MARYLAND Marvland Talbot b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Oxford 13 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO W Deer's Head State Hospital Salisbury Md Evergreen Road NAME OF Middle Doy Eirst 4. DATE Month Year OECEASED April 19 67 (Type or pant) DEATH Mille Frank IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Dovs Hours DIVORCED 4 QU WIDOWED Male Negro 100 JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY TALBOT - MARY 13. FATHER'S NAME 14. MOTHER S MAIDEN NAMI ar removal. LIZABET Address PHILA. PA. 19141 INFORMANT IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, acunknown) (If yes give war or dates of service RSAN 1602 CHURCH LANE INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (0) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the lost. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO shauld be detached far use with the State Dept. af Health p NO K 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Ноиг от. foctory, street, office bldg , etc.) Not While 3 shauld be , 19_67 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 67 and that death accurred at 10:2 M, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE ATTENDING STAFF PHYS. 11/5/67 M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS PHYSICIAN C. NAME (Type) Н. Winnacott. M. D. Deer's Head State Hoseital Salisbury Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) OXFORD REAMERS VILLE 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Charles



	DIVISION OF STATISTICAL RI			REET, BALTIMORE 1, M.	ARYLAND
	05948	CERTIFICAT	TE OF DEATH	n.	5946
1,	PLACE OF DEATH		2. USUAL RESIDENCE (Who	era deceased lived, if institution; Res	dence before edmission
	. COUNTY Wasser	MARYLAND	a. STATE M	b. COUNTY	The Lind
_	b. CiTY OR TOWN (if outside corporete limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside	corporate I,mils, write RURAL end g	ve neerest town)
	write RURAL and Zive negrest town)		do	2-0-05	
	d. NAME OF HOSPITAL OR INSTITUTION LIT not in	n hospital, give street address)	d. STREET ADDRESS	11.	. IS RESIDENCE
	706 State	St.	706	Ilitis II	YES A FARM!
	NAME OF First	Middle	Last 4. DA		Day Yeer
	(Type or print)	malela	morle DE	EATH (/ / /)	1967
5	SEX, 16 COLOR OR RACE TO MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	19. AGE (In years IF UNDER 1 YE	
	21 11 1	OWED DIVORCED	March 35 189.	2 (ast birthdey) Months Da	ys Hours Min.
	Da. USUAL OCCUPATION (Give kind of work 10	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stell	()	EN OF WHAT COUNTRY
4	one during most of working life, even if retired)	Hone	1 Pa	12:	. 5
i	I. FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME		
	Jesse W. Kimm		annie	Tiomer	
1.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
((es/no, or unkown) ((fyesgive war or detes of service)	- 11.	100 Brewn	ton Films	- led
	18 CAUSE OF DEATH Enler only one cause	per line for (a), (b), and (c).	TO DE VENY	10 01147	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	Coronore 2	Crombosia		Smaruto-
	DUE TO			_ `	
	Conditions, if any, which \ (b)	*			
	gove rise to immediate cause		. /	")	
	(a), steting the underlying couse lest.	Coronary 6	enterior bross	iò	unknown
200	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIST	EASE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
CEDTSTICATION					YES NO
VI LINE	20e. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	O. (Enter nature of in ury in Part) o	r Part II of item 18.)	
MARCH CAN	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm, 20f. pry, straet, office bldg., etc.)	(City or town) (County	r) (Stein)
Admin	Hour a.m. 19	While Not While twork et work	or 11 are or 1 a linear a least 1 are 1		
	21. I certify that (4) (this hospital) a	ttended the deceased from	5/10 1964		., that (!) (we) la
	saw the deceased alive on	4./19.19.6.7, and that	death occurred at 1010 R.	from the causes and on the	
	220 SIGNATURE	7	ATTENDING MED.	STAFF	22b. DATE
	Ernest Fa	more "	D. PHYS. TO DIRECTO	R PHYS.	1863
	22c PHYSICIAN'S NAME (Type)		22d ADDRESS	04 307-00-1	T 707
	Ernest M.	Larmore	101 Grove	St. Delmar, I	De L.
2	3e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or county)	(Stele)
	Durent 4/10/67	Beams (em E	came to	<u> </u>
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A DE 1	The second of th	Table -
	William & Mored	Atelmed.	AKK 14	1967 farance	/ 0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05943 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) filled in by the funeral papers. Pages 1 and n COUNTY n STATE b. COUNTY b (ITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Wicomico MARYLAND Maryland c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Salisbury d. STREET ADDRESS e IS RESIDENCE ON A FARM? corbon pap ent, within 7 YES NO DK Peninsula General Hosnital 302 Huston Court NAME OF DATE First Year completely DECEASED (Type or print) (BABY) OF DEATH DIANE DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED in conve last birthday) Months Dovs BabyDIVORCED April 1,1967 WIDOWED signed by the attending physician and burial-tronsit permit. Then pleasy rem 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? **INDUSTRY** Salisbury, Maryland none 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, Calvin Frank Parker, Jr. Dorothy Jean Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no ar unknown) (If yes give war or dates of service) 17. INFORMANT Mr. Calvin F. Parker, Jr. (Father) 16. SOCIAL SECURITY NO. 302 Huston Court, Salisbury, Waryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept, of Health prior to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20n, ACC DENT WAS UNDERLYING [205. DESCRIPT HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While of work at wark 21. I certify that (1) (this hospital) attended the deceased from 19_ , 19___, that (I) (we) last ____ , to_ be retoined ____, and that death occurred at M, fram couses and on the date stated above. saw the deceased alive on_ 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS **ATTENDING** director, poge 3 should be filed v MD. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) C. Morgan Dr. W. Medical Center, Salisbury, Maryland 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL CREMATION. (County) (State) REMOVAL (Specify) April 4.1967 Burial
24. FUNERAL DIRECTOR Parsons_Cemetery Salisbury, Maryland 256 REGISTRAR'S SIGNATURE 2SO REC'D BY REGISTRAR Charles VR A15 (4) 20 M T/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



	DIVISION OF STATISTICAL RESEARCH A	ERTIFICATE OF DEATH	IIMORE 1, MARYLAN
-	<u> </u>		U5\$k
11	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed	lived, if institution: Residence be b. COUNTY
	Wicomico	MARYLAND MARUIAN Q	Wicomic
П	b. CITY OR TOWN (if outs de corporate limits, c. LE mylte RURAL end give, neerest town)	NGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete lin	mils, write RURAL and give neare
	Parsonsbura IR	iurs Parsons burg	4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, gi	ive Irrest eddress) d. STREET ADDRESS	10.
^ <u> </u> _		R.F.D#1	YE
3	NAME OF First	Middle Lost 4. DATE	Month Day
	(Type or print) MATH (Pr	pline Parker DEATH	April 21
-5	SEX 6 COLOR OF RACE 7. MARRIED N	NEVER MARRIED [] B. DATE OF BIRTH 9. AGE	(In years IF UNDER I YEAR IF U
	7 AA WIDOWED TO	DIVORCED Sept 10, 1870 91	irthdey) Months Deys Ho
1	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF	BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign	
1	one during most of working life, even if retired)	notice Balia Marila	Nd 4.5.1
1.	. FATHER'S NAME	18 MATHER'S MAIDEN NAME	100 1 0.2.W
	George Purnell	ANNIEMATIA F	FOREMAN
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17. INFORMANT	Address
10	es, no, or unkown) (liyes give were release fservice)	MACY M. DUFFU F	PRESS burg
=	18. CAUSE OF DEATH Enter only one cause per line for	(e) (b) and (c)	TINTÉRY
	DADT I DEATH WAS CALLEED BY	10 . A 1 1.	ONSET
	6.03.	one Brights Werelied Her	
	DUE TO Jalone	1	04
	Conditions, if any, which geve rise to immediate cause	necessary.	
	(e), stelling the underlying DUE TO		
,	Course lest. (c)	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	CON COVEN IN BART (-) 10 N
CERTIFICATION	TAKE OF STOREST CONDITIONS CONTRIBUTE	THE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	
12	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE	HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of ite	YES
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOW INJURY OCCURRED. LENGT RETURN OF INJURY IN FORT TO PORT IT OF ITO	m 10./
		OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or low	
MEDICAL	Hour e.m. WhileNo	of While fectory, street, office bldg., etc.)	n) (County)
1 2	P 77 (C	et work	
		he deceased from 3-1 19.6.7 to 4-	
	saw the deceased alive on418	.19.6.7., and that death occurred at 6P.M, from the o	causes and on the date s
	22e. SIGNATURE	ATTENDING MED STA	FF
	Chris P. Lun-	M.D. PHYS. DIRECTOR PHY	
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type)		
	NAME (Type)	Berlin My	
2	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.		(City, lown or county)
2			(City, town or county)
	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	hame of cemetery or crematory 23d. Location New M	(City, town or county) F K M 25b. REGISTRAR'S SIGNATURE T Cleanly



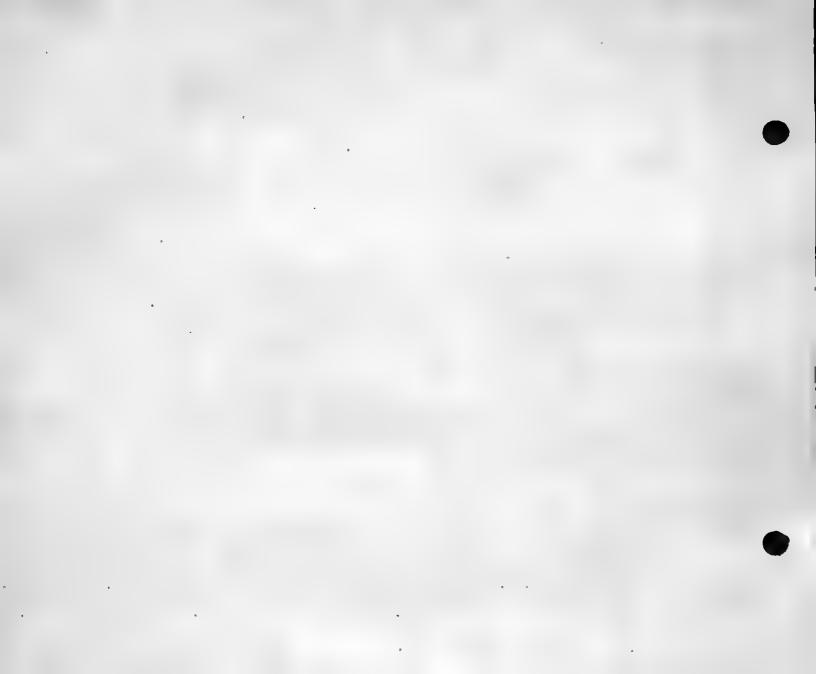
4	1	Di	vision of STATIST		MARYLAND STATE I RCH AND RECORDS, I				LTIMORE, MARYL	AND 212	01	
		05951			CERTIFICA	TE O	F DEATH			1)	591	19
Grant death		PLACE OF DEATH a. COUNTY Wicomic			MARYLAND		o. STATE	(Where dec	eosed lived, if institut b. COUN	(TY	e before d	,
haurs after deat n by the funera		b CTTY OR TOWN (If a write RURAL and g	autside corporate limits i ve neorest tawn)		C. LENGTH OF STAY IN 16) (utside corp	orote limits, write RUI			
m 24 ho			OR INSTITUTION (If no		ive street address)	d.	STREET ADDRESS R.D.					IS RESIDENCE ON A FARM? S NO NO
within tely filk with with		Poninsu NAME OF DECEASED (Type or print)	la Gener	st	spital Middle Gill	!	lost EEK	4. DAT OF DEA	4	ħ	Doy	Year 19 6 7
ecuted cample save ca y event	5	SEX 6	COLOR OR RACE	7 MARRIED]		8 DA	TE OF BIRTH		9. AGE (In years last birthday)	Months 2		F JNDER 24 HRS Hours Man
ie be ex ian and ase rem ndin an	10o		Give kind of work done	10b KIN	ND OF BUSINESS OR DUSTRY, arming		.BIRTHPLACE (Count	y & Stote, o	r foreign country)	12 (17)	ZEN OF Y	/HAT
ertificat physici hen ple noval, a	13.	FATHER'S NAME					MOTHER'S MAIDEN	NAME Fill		,		
death death the trending trend	15 (∀∈	WAS DECEASED EVER I es, no, or unknown) (.f	N US ARMED FORCES? Fyes give war ar dotes o	f service X	OCIAL SECURITY NO. 1:	Mr. R.	MANT Beatri D. #3, De	atrice H. Peek (Wife) , Delmar, Maryland				
The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the ottending physician and campletely filled in by-the funeral se as the burial-transit permit. Then please remove carbon papers. Pages Land th priar to burial, cremation, ar removal, and in any event, within 72 hours after a particular to burial.		R. CAUSE OF DEATH PART I. DEATH Conditions, fony, we rise to immediate a stoting the underlyitost.	ing couse DUE	(o)	(0), (b), ond (c) } 1 1. 6 A . G. 22 To shick you see	12	FAREAT , -		1275-		ONSET	VAL BETWEEN I AND DEATH
4YSICIAN: The law re haspital or attending s certificate has been riched for use as the spt. of Health prior ta	CERTIFICATION	PART II. OTHER SIGN C 200. ACCIDENT WAS U	C47. Ec. 7.	:1777	O DEATH BUT NOT RELATED TO COLURN CRIBE HOW INJURY OCCURRI		3-3'	-67			19 W PI YES	AS AUTOPSY ERFORMED?
후 의 포 등 집	MEDICAL CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY ME 20c. TIME OF INJURY Hour o.m. p.m.	CAUSE OF DEATH EDICAL EXAMINER)		N/A JURY OCCURRED 20e.	PLACE OF	INJURY (Home, for	m, 20		(Cour	nly)	(Stote)
OR ATTENDING be retained by th JIRECTOR: After t e 3 should be de		21. I certify	tho (1) (this has		led the deceased fram	hat de	oth accurred a		M, fram causes	and an th	e date TE SIGNED	
SPITAL OR 4 may be re NERAL DIRE for, page 3 and be filed w		22c. PHYSICIAN'S NAME (Type)	Den.	w.	Tops in	M.D	PHYS. 22d. ADDRESS	DIRECTOR	STAFF PHYS.	m,	7))
TO HOSPITAL Page 4 may Page 4 may TO FUNERAL I director, page 8% & slauld be file		b. BURIA., CREMATION, REMOVAL (Specify) Burial I. FUNERAL DIRECTOR HOLLOWAY	April 1	1,1967	230 NAME OF CEMETERY OF WICOMICO MORESS SBURY, MARYL	nori		S	LOCATION (City of To	Mary L	County) BY COUNTY) GNATURE	(Stote)



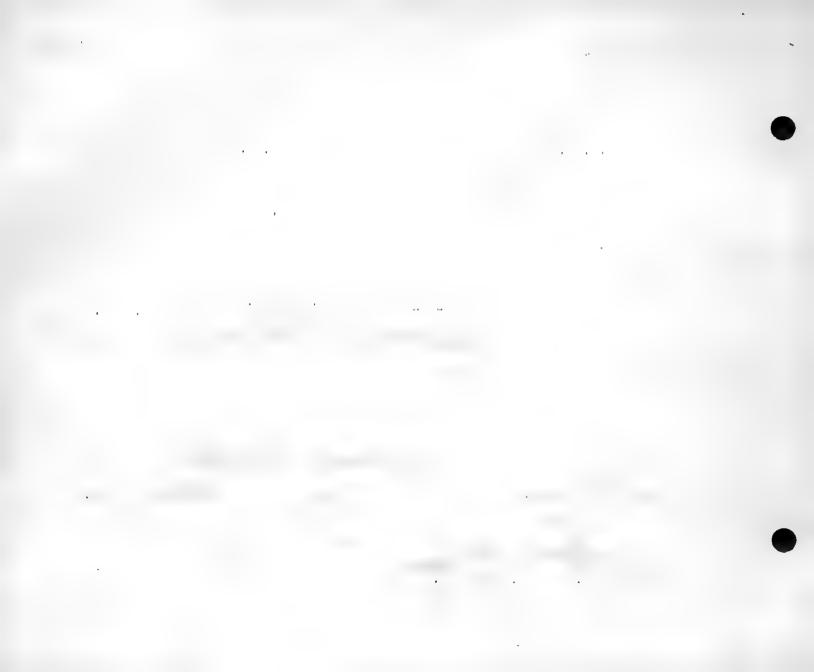
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05952 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE Wicomico MARYLAND b. CITY OR TOWN (If autside carparate himits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 (CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) SALISBURY attending physician and completely filled in by sermit. Then please remoys—carban papers. A Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X LIGHT ST. Peninsula General Hospital 3 NAME OF 4. DATE Month Doy Year DECEASED 20 19 6 event, DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE fin years birthdoy) WIDOWED K MAY 6,1878 DIVORCED 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most at warking life, even if retired)
NONE U.S.A. INDUSTRY COSTON. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal LANKFORD JULIET JOHN S. LANKFORD IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address signed by the attendir burial-transit permit. (Yes, no, ar unknown) (If yes give war ar dates of service) MR.GEO.PORTER SALISBURY.MD. burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO far use as the b Health priar to b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? AEDICAL CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. factory, street, offige bldg., etc/ Not While a∯wark 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at 45 M, fram causes and an the date stated above. saw the deceased alive ap 22b. DATE SIGNED 22a. SIGNATURE MD. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BUR AL CREMATION (County) BUYAL Specity) 4/23/1967 PRENCESS ANNE, MD. MANOKIN PRES CEMETER 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 LEVIN R. WILSON PRINCESS ANNE. MD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE b. COUNTY Wicomico Talbot MARYLAND Mary Land b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Page. Write RURAL and give nearest town? within 72 hours hours .5 Salisbury Easton. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Head State Hospital Salisbury Md. YES [NO carbon 3. NAME OF Middle Last DATE Month Day Year DECEASED OF event, 1967 DEATH (Type or print) compl Potter Josephine Apri 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | 13st birthday) | Months | Days | Hours | Min. етоме 9. 8. 7. MARRIED FT NEVER MARRIED and any Negro 4-29-I924 Female WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and piease r and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State. 12. CITIZEN OF WHAT r foreign country) þe COUNTRY? Talbot Md. USA death certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parmit. Ther Willard Roberts Thomas Grace 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) an signed by the attend burial-transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Elva Davis none Conn. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN brain ONSET AND DEATH certificate has been signed by hed for use as the burial-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Invasive carcinoma of cervix with metastases or attending physician. vear. 1/17 DUE TO Conditions, if any, which (b) gave rise to immediate the DUE TO cause (a), stating the as th underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health r NO TY YES [the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) r this certification detached for the Dept. of I MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While After Nat While ATTENDING be retained by at work at work b 3 should with the 190 1967 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last TO FUNERAL DIRECTOR: 19.67 and that death occurred at 1:00M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE director, page 3 should be filed v MED. ATTENDING STAFF PHYS. 4/4/67 DIRECTOR Page 4 may M.D. PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) Deer's Head State Hospital Salisbury Md. C. Mitchell. M. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) RELANDIALI (Specify) 4-7-I967 St. Michaels St. M-chaels Md. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4) 196 Dashiell Easton. MD. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEPV. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b COUNTY Wicomico o. COUNTY Page Wicomico 2 5 MARYLAND and 3 b. CITY OR TOWN (If outside corparote limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? Nours Office alang with farm R.D.#L. Hancock Trailer Court R.D.#L. Hancock Trailer Court | NO | Item 18. Give Pages hours ofter death NAME OF 4. DATE First Lost Month Day Year DECEASED 19 67 within LAWRENCE EDWARD POWELL DEATH April (Type or pant) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BRITH 9 AGE (In years 7 MARRIED NEVER MARR ED Months 10 birthday) Days Hours June 15,1937 WIDOWED D+VOR CED ond2 event Male White 10o, USUAL OCCUPATION (Give kind of work done 10b KIND DE BUSINESS OR 1) BIRTHPLACE (State ar Igreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Salisbury, Maryland QU À Brick Layer Chief Medical Examiners Building pages in any 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed with George Elijah Powell Eva Mae Griffin pillo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY ND Mrs. Mary L. Powell (Wife) Bohnak Trailer Court, Gen. (Yes, no, or unknown) (If yes give war ar dates of service remayal. 220-32-9399 No Del. Fruitland Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I, DEATH WAS CAUSED BY. and (c). 5 IMMEDIATE CAUSE (a) writing the ward This certificate should crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse burial, o PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO. 9 WAS AUTOPSY PERFORMED? NO 무 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L ar Part 1 of Item 18) agent, prior CAUSE OF DEATH 20e PLACE O INJURY (Home, farm, 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Nat While FUNERAL DIRECTOR: Page at wark X 21. I certify that Latook charge of the remains described above, held an Autopsy Inspection Inquity and in my apinion the funeral director death resulted from: Natural causes Accident i Suicide -Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR O DEPUTY April L+ DEPUTY MEDICAL EXAMINER X Earl L. Royer EXAMER'S Health 4 Address (Street, city, town, or county) NAME (Type) 409 Camden Avenue. Saliabury. 23d. LDCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) (State) 0 REMOVAL (Spacify) Worcester County, Maryland April 26,1967 Riverside Cemetery 25g REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND



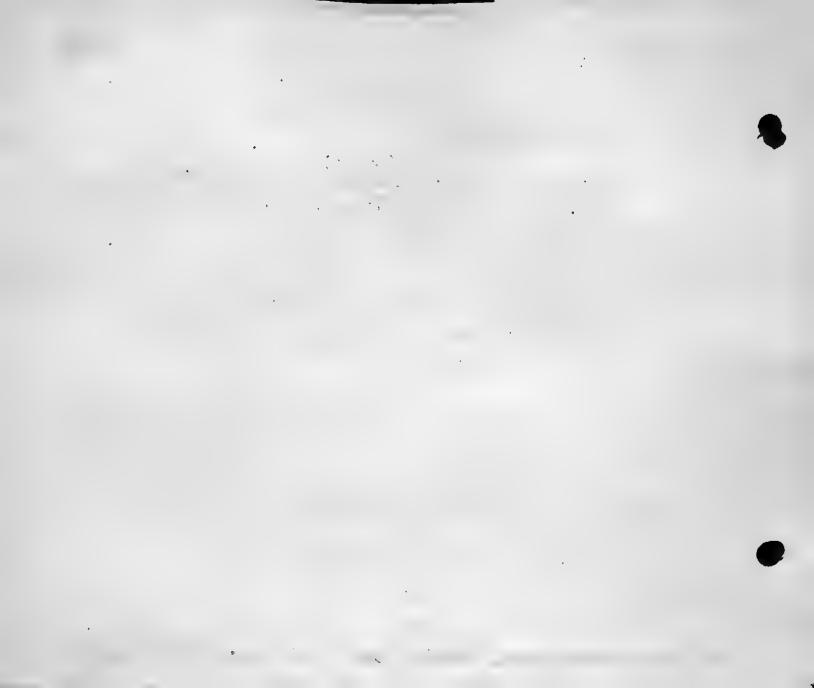
		RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
<u>-</u>	05955	CERTIFICATE OF DEATI	05953
1.	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate lim	MARYLAND . STATE M	NCE (Where deceased lived, If institution, Residence before edmission b. COUNTY COUNTY COUNTY
	d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address) d. STREET ADDRE	SS Pine ST S RESIDENCE ON A FARMY YES NO IN
	NAME OF DECEASED (Type or print) SEX 6 COLOR OR RACE	1-00/-9	4. DATE Month Dey Year OF DEATH 19 67
1	Necle Africa 10. USUAL OCCUPATION (Give kind of working life, even theeting)	WIDOWED DIVORCED . July 2 1	Sunty & State, or foreign country) State State
	asbury Puse	1 Mother's Maid Logo	the Pusey
1 (1	i. WAS DECEASED FOR IN U.S. ARMED FO es, no, or unknown lifesgivawer or dates of 18. CAUSE OF DEATH (Enter only on:	1. Hank f	Puring Delmes M. Interval Between ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 2 2 X DUE TO Conditions, if any, which (b)	C. F /	boson lanck.
Z	(a), stating the underlying cause last. PART II. OTHER SIGNIFICANT COND)	MINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
CERTIFICATION	20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injur	PERFORMED? YES NO y in Part I or Part I) of itam 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Ye Hour e.m. 19	While Not While al work factory, straat, office bldg.,	etc.)
	21. I certify that (I) (this hosping saw the deceased alive on		., 19.52 to
	22c. PHYSICIAN'S NAME (Type)	ATTENDING TO PHYS. ATTENDING TO PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. 1/12/67
2:	Ernest Burial, Cremation, 23b. Date the Behoval (Specify) Burial 4/13/		vest. Del. ar, Del. 23d. (OCAYON (City, town or county) Del (State)
2	Hellemed Meter	1 Delnes Des. 256.	REC'D BY REGISTRAR 256. BEGISTRAR'S SIGNATURE R 14 1967 Houseles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05956 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) dea COUNTY c. COUNTY o. STATE MARYLAND 24 hours after Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c IENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) Salishurv e IS RESIDENCE ON A FARMA? d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO Peninsula General Hospital requires that the death certificate be executed within DATE NAME OF Month Year DECEASED (Type or pant) DEATH Car IF JNDER I YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In veors NEVER MARRIED remove birthday) Months Davs Hours in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a ... SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Houseword 13 FATHER'S NAM 14. MOTHER'S MAIDEN NAME or removol, G attending p permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH INFACETION YNCARDIAZ IMMEDIATE CAUSE (g) signed by DUE TO Conditions, if any, which gave 1, 27 章也 rise to immediate cause (a), DUE TO stating the underlying cause the O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detoched for use e Dept. of Heolth NO アナ シラナノン 200,7374 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ETICALISE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY O€CURRED factory, street, office bidg., etc.) Not While at work . 1962, that (I) (we) last 21. I certify that/(I) (this hospital) attended the deceased fram. M, from causes and an the date stated above. and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE director, poge 3 should be filed w DIRECTOR PHYS M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (Stote) (County) 23a BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify REGISTRAR'S 24 FUNERAL DUREGTOR 196 VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	05957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05954	
M. L. H. AKPI.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased hived it instructions Resid. corbators and a COUNTY b. COUNTY	n 5-10-F
cessary or, Fag r f/es, nent of	b. CITY OR TOWN if outside corporate I m ts c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate I m ts, write RURAL and give nearest town)	
you you beath.	Splisbury d. NAME OF HOSPITAL OR INSTITUTION of not in hospital give street address d. STREET ADDRESS	
anv ne fu eta me s State	Peninsula General Hospital Tyaskin Md. NAMES OF DECEASED Tyaskin Md. Walter) OF Month Day Year	
leath. If	5. SEX 6. COLOR OR RACE & MARRIED TO VIVE HARRIED TO VIVE HARR	HRS.
after d 1, 2, and 3e 5 ms and 2 v with n	Too. USUAL OCCUPATION (Give kind of work and of working life, even if ratired) Never MARKED June 2, 1966 Iast birthday) Months Devs Hours Too June 2, 1966 Individual Occupation (Give kind of working life, even if ratired) 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12c. CITIZEN OF WHAT CO	Min. Untry
24 hours a Pages 1 M3. Pag pages 1	No Maryland U.S.A.	
Within 28. Give Plorm Plf. File in any	Milton Reid 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Ifyasguswarordalesofsarvica)	
with with permit and	No Milton Reid Tyaskin Md Box 34	
e exection of the second of th	PART I DEATH WAS CAUSED BY: Such dural heunhage	
ould by in per Office burial-	Conditions, if any, which Tracture of Shall	
icate st ending's n'ner's ed as a ematio	gave rise to immediate cause (a), stating the underlying cause last. (c)	
is certificated "poord" poord "poord	PART J. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a 19. WAS AUT PERFORM PERFORM YES IN NO	MEDI
IER: The wig the weight Medical Should or to bu	20a. EXTERNAL CAUSE WAS PRIMARY [1] or CONTRIBUTING X LOUIS OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY [1] or CONTRIBUTING X LOUIS OF DEATH.	
CAMIN writin ne Chie Page 3 ant, pris		ata)
MICate of the the troops of age	21 I certify that I took charge of the remains described above, held an Autopsy Inspection I. Inquiry and in my opi	nion
Certificated of DIRECT	death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
UTY execu d be to ERAL D or its de	SIGNATURE Thely a Assistant MEDICAL EXAMINER DATE SIGN	ED
Balle !	EXAMINER'S NAME (Type) A TNS/E-9 Addrass (Straet, city town, or county) 220, BURIAL, CREMATION (220, DATE THEODE 221, NAME OF CEMETERY OR CREMATORY 222, NAME OF CEMETERY OR CREMATORY 224, LOCATION (City, town, or country) (State)	67
pleass 4 sho TO Fu Health	REMOVAL (Specify)	
VR A15ME 5M 1/62	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S S.GNATURE	
My Nos PM	Uniter of Stellant Salis - Mr. 13 1967 guardes Junge	



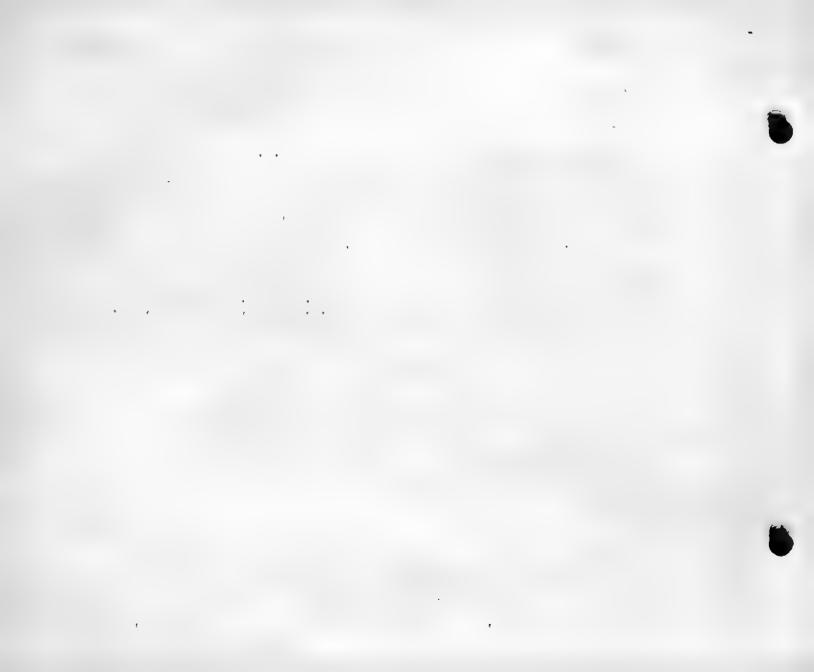
11		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MARVIAND
is tade		05958 CERTIFICATE OF DEATH	05955
funeral and 2	1.	- COUNTY	ion: Residence before admission)
after of the function of the f		Wicomico Maryland Maryland	Caroline /
24 hours after filed in by the appers. Pages 1 n 72 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
houn hour S		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
fille in 724		Deer's Head State Hospital Rt 3, Box 57-B	ON A FARM? YES NO
Athin to the state of the state	3.	NAME OF First Middle Last 4. DATE Month	Oay Year
i i i i i i i i i i i i i i i i i i i	_	(Type or print) Sarah Emma), Roe of DEATH April	29 19 67
executed 1 and con remove n any eve	5.	Female White WIDOWEO DIVORCED STATE OF BIRTH AND AGE (In years IFU More)	NDER 1 YEAR IF UNDER 24 HRS. Iths Days Hours Min.
		a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) 10. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
rtificating phy	13.	FATHER'S NAME VELMOR READ 14. MOTHER'S MAIDEN NAME LEW KNOWN	I
The law requires that the death certificate be or attending physician, cate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and is	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17. INFORMANT BURTON ROLE OF SERVICES	TON, MO.
he d the d sit p		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
at to sian.	П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia	2 days
hysic hysic signe irial-		Conditions, If any, which) Recurrent cerebral thrombosis	Vanna
quire		gave rise to immediate cause (a), stating the OUE TO	Years
W reendi	_	underlying cause last. (c) Arteriosclerosis, general	Year s
The lart or att cate his cate his ealth pegalth	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMEO? YES NO
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Ite DR CONTRIBUTING 2 CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	m 18.)
ig PHYS by the l ter this se detail	MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) 4	(County) (State)
ATTENDING retained by CTDR: After 5 should be vith the Stal	-		19_67, that #0 (we) last
ATTE retai ctor sho sho ith 1		saw the deceased live on 14/29 1967, and that death occurred at M, from the causes and 22a. SIGNATURE 22a. SIGNATURE 22a.	on the date stated above.
OR DIRE		M.o. ATTENDING MED. STAFF MI	5/1/67
HOSPITAL age 4 may FUNERAL irector, pa		22c. PHYSICIAN'S 22d. AODRESS	
IOSP UNE ecto ould I		D. V. Hardve, M. D. Deer's mead Hospital; Sal	isbury, Md.
T P P P P P P P P P P P P P P P P P P P	237	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town SEMBAL (SOPELLY) ADDRESS 125a, REC'O BY REGISTRAR 25b. REG	WRO 110
VR A15 (4)	24	4. FUNERAL DIRECTOR 256. REC'O BY REGISTRAR 256. RE	May Judge
2DM 1/65	=	DATE. TO NOT I DATE.	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05959 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, function Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to Page 40 Maryland Wicomico hours after death. MARYLAND Dorchester deloy Deportment b CITY OR TOWN (If outside corporate mits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN ID puo write RURAL and give pearest town Hoopersville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form. Item 18. Give Poges 1, Deer's Head State Hospital Te Ho YES NO TO 3 NAME OF First Middle 4 DATE Lost Doy Year DECEASED OF PHILIP PERRY ROSS 4-24-67 19 (Type or pant) DEATH with 1 IF JNDER YEAR LIFTINDER 24 HRS C SEX B DATE OF BIRTH AGE (n years 6 COLOR OR RACE 7 MARRIED LNEVER MARRIED last buthday) Months Dovs Hours 1-21-17Male AA WIDOWED DIVORCED hours and 2 event 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working I te, even if retired) pages F in any i Maryband Examiner's pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed with. William. Ross 0 рио Margie 17 INFORMANT Address WAS DECEASED EVER IN U. 5. ARMED FORCES? 16 SOCIAL SECURITY NO permit (Yes, no, or unknown) (fiyes give wor or dotes of service) removol. Hoopersville, Md. Margie Travers INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burnal-tronsit PART I DEATH WAS CAUSED BY ONSEL AND DEATH Acute pulmonary edema Б IMMEDIATE CAUSE (o) used os a bunal-tror burial, cremotion, a This certificate should writing the word DUE TO 57 days Contused brain with coma Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? Fractured right femur please execute the certificate. NO X designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 1B) 3 should Passenger in front seat of auto in accident. Thrown out. KAL EXAMINER: 20c TIME OF INJURY Month, Doy, Year 20d IN JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Route 16 Not While moy be retained for your FUNERAL DIRECTOR: Poge of work 2-26-6719 Church Creek, Dorchester, Md at work 21. 1 certify that I took charge of the remains described above, held an Autapsy Inspection 🔼 Inquiry K. and in my opinion the funeral director. death resulted from Matural causes. Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY April 27, 1967 DEPUTY MEDICAL EXAMINER EXAMINER'S Earl L. Royer, M.D. 5 moy 170 Funes Address (Street, city, town, or county) 109 Camden Ave. Salisbury. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Eity or Town) BUR AL, CREMATION (County) (Stote) REMOVAL (Specify) Dorchester County, Maryland Meekins Neck Cemetery 250. REC D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Milanles VR A15ME (5) 1967 St. Clair Funeral Home, Cambridge, Md.



<i>y</i> 1	ı	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 301			1201
(AA)		05960 CERTIFICATE			59
runed runed runed runed runed		PLACE OF DEATH a. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived, if institution Residi b. COUNTY nd	ence before admission)
hours after de n by the fune s. Pages 1 is hours after a		MARYIAND b (IT OR TOWN (it outside corporate wrists, write R.JRAL and give neorest town) Colinormy	c CITY OR TOWN (If outsi	de corporate limits, write RURAL and g	
hin 24 hor filled in E papers.		Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Peninsula General Hospital	d. STREET ADDRESS	ox 9h	e is residence on a farm? Yes no
couted within 24 h		NAME OF Furst Middle DECEASED (Type or print) RALPH WESLEY RUS	Lost SSUM	OF DEATH APRIL	Doy Year 7 19 6 7
and compound only even	S.	An ,	B. DATE OF BIRTH Larch 6,1912 11 BIRTHPLACE (County & S	lost birthday) Months	R 1 YEAR IF UNDER 24 HRS Doys Hours Min CITIZEN OF WHAT
ertificate be physicion a nen please r novat, and in	dur	Inpustry Self employed-Mechanic Oil Burner Serv. FATHER S NAME	Wilmington 14 MOTHER'S MAIDEN NA	. Delaware	COUNTRY?
certific ng phys Then p smoval,		Relph Russum	Kathryn Hi	nsley	
e death affendir ermit. en, or re	(Ae	is, na, ar unknown). (If yes give wor or dates af service). No	Mrs. Mary R. P.O. Box 94.	Russum (Wife) Pittsville, Md.	INTERVAL BETWEEN
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital or attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral et 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and ed with the State Dept. of Health prior to buriol, cremation, or removal, and in one event, within 72 hours after death.		18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO DUE TO	a 72 Love	probably	ONSET AND DEATH 2 - S MOS.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
SICIAN: 1 spital or ertificate ted for us	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t I or Port II of item 18.)	
NG PHY If the hore or this content ore Depi	MEDICAL	Hour o.m. While Not While of work of work	CE OF INJURY (Home, form, ory, street, office bldg , etc.)		County) (State)
OR ATTENDIN be retoined by DIRECTOR: Affer je 3 should be ed with the Stor		21. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive an 4-7 1967, and that 220. SIGNATURE	t death accurred at_1	1 LCAM, fram causes and an	967, that (I) (we) last the date stated above DATE SIGNED
AL OR A by be red by be re	(Jether M. Fabruce J. M.	22d. ADDRESS	ED. STAFF PHYS PHYS	4-7-67
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog should be fil	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR O	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
Q Q Q VR A15 (4)	24	Burial April 11,1967 Pittsville Ce HOLLOWAY & COMPANY, SALISBURY, MARYLAN	2So REC'D B	Pittsville, Mary REGISTRAR'S 1 1967 Clarke	SIGNATURE



7		1_	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										AND			
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19	death	Pages 1 and 2 ours affecteath.	1.	PLACE OF DEATH	4					2. USUAL	RESIDENCI	E (Where d		OHNTY		pefore admission)
	after	a se		Wie	comi co				ARYLAND	a. SIAI	[Mary]	land		WI	comic	
	53	Page ars a		b. CITY OR TOW Write RURAL		rporate ((m) st town)	its,	c. LENGTH OF S		c. CITY OR	`.		rporate limits,	, Write RURAL	and give	nearest town)
	hours		_	d. NAME OF HO	lisbury	TUTION (If I	not in hos	4/27/6		d. STREET	Salis	bury			e.	IS RESIDENCE
	24	rely filled bon papers within 72 h		***	ninsula	_					Sprin	nø Hil	1 Road		YE	ON A FARM?
	executed within	roon	3.	NAME OF DECEASEO	and the same of th	First		Middle		Last		4. DATE		onth	Day	Year
	*	egabe	_	(Type or print)		JAMES		LIONEL		SEABRE/		DEAT			29	19 67
	cute	sician and clumbe lease remove carl and in any evem;		SEX			_	NEVER MARE		DATE OF E		. 9	last birthda	ars IF UNUER		Hours Min.
		ren ren in an	108	Male .USUALOCCUPAT	White	workdonel	DOWED [<u></u> ;		May 22,			yrs or foreign cou		TIZEN O	F WHAT
	þe	icial ease and l	dur	ing most of work anager	ing life, even if	retired)	Hardy	ND OF BUSINESS OUSTRY WATE			ela, M			US	ITIZEN D DUNTRY? A	
	cate	phys n ple ral, a		FATHER'S NAM	ΙE					14. MOTHE						
	ili.	The		A. Lake							onso I	Elliot	t			
	Š	attending physician a ermit. Then please re on, or removal, and in	15 (Yi	. WAS DECEASED s, no, or unkown)	EVER IN U.S. ARM (If yes give war or	ED FORCES?	(e)	OCIAL SECURITY		INFORMANT Mrs. Wi	ilsie	G. Se	abrease	dress Wife)	
	deal	ne af perrition,	-	Yes	War			8-16-572	2				Salish		acyle	VAL BETWEEN
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be be reformed by the hearital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept. of Health prior to burial, cremation,			DEATH (Enter of EATH WAS CAUSI IMMEDIATE C		R per in	re for (a), (b), and		bobe	024	et a 30 - 10			ONSE	T AND DEATH
	ihat	ned I-tra	Н	X	IMMEDIATE C	AUSE (a) DUE TO	1 10	151-	071/20	~ 0 42	1. 200	uni				ways
	res	stgr Suria Duria		Conditions, if		(b)										
	equi	the r			tating the	DUE TO										
	aw f	as as prio	Z	underlying caus	BIGNIFICANT COM	(c)	NTDIBILIT	TING TO DEATH OF	ITWAT DELA	TEN TO THE TE	EDMINAL D	IGENCE CU	INITIONICIVE	VIN PART 1/a)	19.	WAS AUTOPSY
	he l	use alth	CERTIFICATION	Lina	I E	1		0 1	1.0	- 1_L'	CHIMINAL DI	JA	4	Co as	1	PERFORMEO?
	÷ ?	tific f He	E	20a. ACCIDENT	WAS UNDERLYI	VG []	20b. 01	ESCHIBE HOW IN	VJURY OCCU	IRRED. (Enter	nature of	injury in i	art I or Part	li of Item 18		<u>A</u>
	SICIA hoen	cer cer		(IF EITHER, NO	WAS UNDERLYING TO CAUSE OF TIFY MEDICAL E	XAMINER)		N/a								
	PHY	this details	MEDICAL	20c. TIME OF Hour a,	INJURY Month,	Day, Year		JURY OCCURRED	20e. PLA facto	CE OF INJURY ry, street, office	(Home, far ce bidg., et		(City or town	1) (Co	unty)	(State)
	92	State	ME	p.		19	While at work	Not While at work				1.	0.0			
	END	the day			y that (I) (this		attende			-eeu			Apri	19_		at (1) (we) last
	AT to	SCTO Sharth With		22a. SIGNATU	ceased arive o		1001 2	196/	_, and that	death occu	Treu-at-7	-35M	rom the caus		ATE SIGI	stated above.
	H S	DIR		126	14	1/}	all	cer	M,0	ATTENDIN PHYS.	ig 🗆 🖁	IED. IRECTOR	STAFF PHYS.	☐ May		/1967
	ITA	RAI De f		22c PHYSICIA NAME (T	una) _	. 1	m .	2.1		22d. A0						
	HOSE	Sector /	238	, BURIAL, CREM	IATION 23h	obert		Akins 23c. NAME OF	CEMETERY				cyland	v. town or co	untv)	(State)
	TO HOSPITAL O	다 다 등 등 ·	200	REMOVAL (Sp Burial	ecify)	1,196	. 1	Spring					Salisbu			
		dv	24	. FUNERAL DIRI	CTOR			AODRESS		1			1967 ^{25b.}		SIGNA	Willes.
		A15 (4) ■ 4-64		HOLLOW A	Y & COM	PANY,	SALIS	BOKY, MA	ALCY LALV	<i>u</i>	DATE			4	0	0



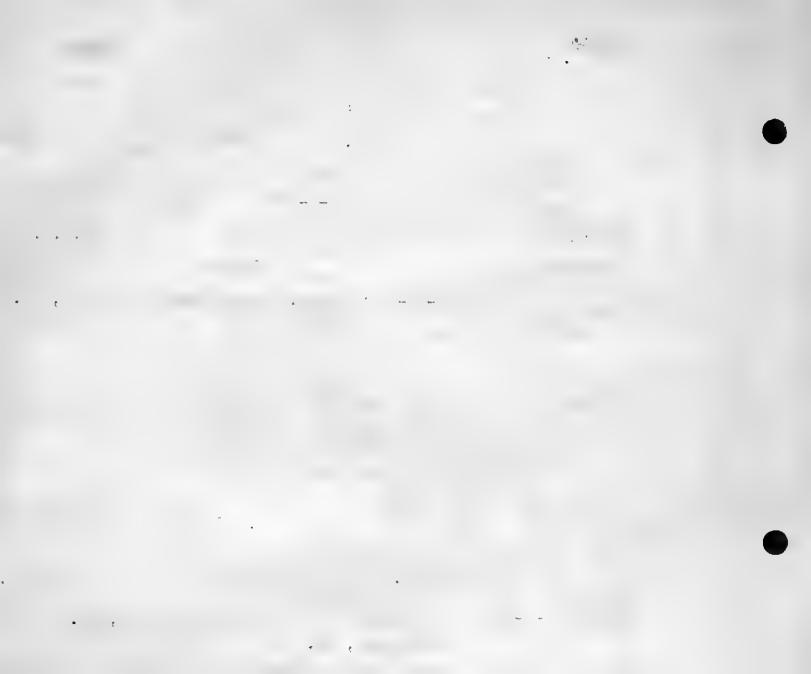
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DENT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence de ay is and 3 to Page n COUNTY a. STATE b. COUNTY Wicomico Maryland Wicomico MARYLAND b CITY OR TOWN (if autside corparate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c CITY OR TOWN (f outside carparate in its, write RURAL and give nearest town) after Salisbury d NAME OF HOSP TAL OR INSTITUTION (finat in hosp to, give street address) e IS RES DENC ON A FARMS d STREET ADDRESS haurs Office alang with farm R.F.D. #1. Box 108 DOA Peninsula General Hospital YES NO ate Item 18. Give Pages 24 hours ofter death NAME OF 4 DATE Manth with the Sto within 72 1 DECEASED SHARP (Type or print) MARY ELLEN BROWN 4-20-67 DEATH B DATE OF BIRTH F UNDER 1 YEAR If UNDER 24 HRS 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARR ED ost byrthday) Months Haurs 6 - 23 - 17AA WIDOWED DIVORCED event 10a, USUAL OCCUPATION (Give kind of work dane Ob. KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retured) INDUSTRY Home COUNTRY Wicomico Co.. .⊆ Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME pencli 13. FATHER'S NAME be executed within Harqis Brown Eleanor Pleasonton 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service pending" remayal George U. Sharp, Mardela Springs, Md 213-14-6379 No NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) al-transit PART I, DEATH WAS CAUSED BY-ONSET AND DEATH Coronary occlusion 5 IMMEDIATE CAUSE (a) This certificate should e, writing the ward forwarded to the () crematian, DUE TO Arteriosclerotic cardio-vascular disease Canditions, if any, which gave vears por rise to immediate couse (o). DUE TO stating the underlying couse used as buri<mark>al, c</mark> last. WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? the certificate, NO K its designated agent, priar ta 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of tem 1B.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20c TIME OF IN. JRY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour a.m. factory, street, office bldg., etc.) hat While FUNERAL DIRECTOR: Poge at work Inspection [X] Inquiry X. and in my opinion 2). I certify that I took charge of the remains described above, held an Autopsy Natural causes 🔏 the funeral director. death resulted from: Accident |]. Suicide 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X ealth or April 21, 1967 **EXAMINER'S** Address (Street, city, fawn, or county) Camden Ave., Salfisbury, Md. 23b DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 0 April 24.1967 Zion Cemetery Near Sharptown, Marylan 25a REC D BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNDERAL DIRECTOR ADDRESS amstem VR A15ME (5) 1967 Frampton Funeral Home, Federalsburg, Md. 6M 1/66



- Para		EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND 21201
() 8:	05963 CERTIFICAT	E OF DEATH 05961
in 24 hours after decipiled in by the funerol papers Pages 1 and 2 hin 72 hours after death.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) b. COUNTY Somerset
4 hours after in by the furers Pages 172 hours after	Wicomico b CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Salisbury MARYLAND c. LENGTH OF STAY IN 1b	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole
hin 24 h filled in gapers thin 72 h	d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) Peninsula General Hospital	d STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO
completely fi	3 NAME OF First Middle DECEASED (Type or print) 4 / 12 2 Mande	Smith 4. DATE Month Doy Year OF DEATH Clpril 1967
oe execute and comp remove in ony eve	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IDO USUAL OCCUPATION [Give kind of work done] 100. USUAL OCCUPATION [Give kind of work done] 100. USUAL OCCUPATION [Give kind of work done] 100. USUAL OCCUPATION [Give kind of work done]	B. DATE OF BIRTH June 16, 1877 9 AGE/ In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 13 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
ertificate be physician a peore please I	during most of work inglife, even if retired) Painting Artist 13 FATHERS NAME	Somerset Co., Md. U.S.
h certifi ing phy Then remova	Edward James Ballard Smith 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	Frances Isabelle Linch INFORMANT Address
attend attend permit ion, or		ss.Birdie Smith; Oriole, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aften Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon gapers Pages should be filled with the State Dept. of Health prior ta buriol, cremation, or removal, and in any event, within 72 hours after the state Dept.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gove use to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	extend metaton
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH OF CHIPPED MOTIFY PROPERTY OF THE PROPERTY OF	PERFORMED? YES NO
IYSICIA nospitol certific ched fo pt. of H	(IR ETITIEN, POTE EMEDICAL EXAMENCE)	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
ING PH by the l ter this te deto	Hour o m. p.m. 19 White Not White of work of w	ctory, street, office bldg , etc.)
TTENDI bined the OR: Af ON: Af	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an	at death accurred at \$1/2/M, from causes and on the date stated above
L OR A' be reft be reft birect	(4)	A D. ATTENDING MED DIRECTOR PHYS. 22d. ADDRESS
OSPITA 9 4 mo INERAL ctor, pc uld be f	NAME (Type) William B. Long 230. BUR AL CREMATION, 236 DATE THEREOF & 23c. NAME OF CEMETERY OF	Medical Center - Salis bury Wico, Maryland R CREMATORY 23d LOCATION (City or Town) (County) (Store)
TO He Poge direction sho	burra (pecify) 4/4/1967 Oriole Cem	
VR A15 (4) ¹ 17 20 M 1/66	James & Denna Princess An	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	05964 CERTIFICATE OF DEATH
1.	a. COUNTY I comico
_	Salisbury 2329 days Ridgely
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Deer's Head State Hospital, Salisbury, Md. YES \(\subseteq \) No \(\subseteq \)
3.	NAME OF First Middle Last 4. DATE Month Cay Year DECEASED OF
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IIFUNDER 22 HR Months Oays Hours Min.
d1	Da. USUAL OCCUPATION (Give k ind of work done lob. KiND OF BUSINESS OR INDUSTRY INDUSTRY NONe Maryland 12. CITIZEN OF WHAT COUNTRY? Laberer None Maryland
13	3. FATHER'S NAME Unknown Unknown
1	5. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Y	(1f yes give war or dates of service) No (1f yes give war or dates of service) 220-12-1429 Mrs. James I Henry Ridgely, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Pulmonary emboli 214 hrs
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION	Supra pubic vesicle fistula; senility. 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Oay, Year Hour s.m. p.m. 19 20c. INJURY OCCURRED A 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from 11/16, 19-69, to 11/3, 19-67, that (I) (we) la saw the deceased alive on 11/3 19-67, and that death occurred at 200 M, from the causes and on the date stated above 22a. StonApure
	22c. PHYSICIAN'S NAME (Type) A. C. Mitchell, M. D. ATTENOING MEO. STAFF A 4/4/67 22d. AOORESS Deer's Head State Hospital, Salisbury, M.
	3a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Cokers Cokers
0	John & Bouling Greensbere, Ma. APR 6 1967 Icharles Judge



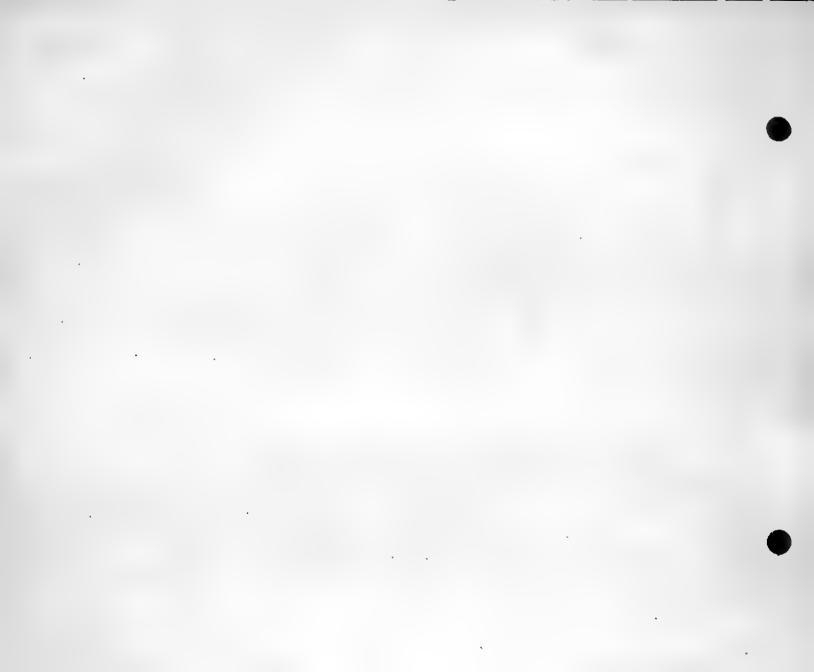
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05965 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution **b** COUNTY COUNTY MARYLAND ACCO MAC c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate jemits, write RURAL and give nearest town) IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, d STREET ADDRESS ON A FARMS YES NO pny,event, within DATE Middle Month Doy Year DECEASED (Type or print) OF DEATH 26 NCP 19 IF LINDER 1 YEAR IF UNDER 24 HRS S SFX AGE (In years) 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7 MARRIED lost birthdoy) Months Doys Hours WIDOWED 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even fretired) **NDUSTRY** ag-SewiFe Housewife ACCOMACK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal, UNCAN signed by the attending Address WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) -44-1936 INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse has been ihe ihe lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not While ot work red fram______, 1960, to 4-2, 1961, that (1) (we) last , and that death accurred at 7 24 M, fram causes and an the date stated above. 21. I certify that (I) (this hospital) attended the deceased fram. director, page 3 should shauld be filed with the saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d ADDRESS 22c PHYSICIAN'S Page 4 may NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION DAJE THEREOF (County) (Stote) REMOVAL (Specify) TEMPERANCE VIlle TAY lors 91 MEMOYI 250, REC'D BY REGISTRAR REGISTRAR'S SIGNATUR 2Sb 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05966 CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY Delaware bompapers. Pages 1 within 72 hours after MARYLAND Sussex Wicomico c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CIY OR TOWN (If guiside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Laurel Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) B IS RESIDENCE ON A FARM? physician and cample fely filled in d STREET ADDRESS NO S Cooper Street YES Peninsula General The law requires that the death certificate be executed within 4. DATE Month 3. NAME OF Middle Lost Doy Year DECEASED 19 (Type or onn) DEATH please remaye ca IF UNDER 24 HRS 5 SEX AGE IF JNDER I YEAR DATE OF BIRTH (In years 6 COLOR OR RACE NEVER MARRIED last birthday) Months Hours Dovs and in any WIDOWED DIVORCED 12 CIT.ZEN OF WHAT 10a JSUAL OCCUPATION (Give kend of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life even fret red)
Machine operator INDUSTRY Delaware dress factory TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Wootten Eva Layton IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) ((If yes give wor or dates of service) 6 Harvey J. Smith no crematian 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and, (c) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) signed by attending physician. DUE TO Conditions, if ony, which gave use to immediate cause (a), DUE TO far use as the b f Health prior tab stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I YES 🖂 the haspital or 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) 20d INJURY OCCURRED 20s. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While at wark 2). I certify that (D) (this hospital) attended the deceased from. 190 / that (I) (we) lost be retained M, fram causes and an the dote stoted above. , and that death occurred at saw the deceased alive on. 22b. DATE SIGNED 22g SIGNATURE ATTENDING MED____ DIRECTOR M.D. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S Ellis, NAME (Type) Dr. Salisbury. Maryland 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23b DATE THEREOF 23g. BURIAL CREMATION. REMOVAL (Specify) Odd Fellows Cem 2Sa. REC'D 8Y REGISTRAR DIRECTOR VR A15 (4) 20 M 1/66 Laurel, Del.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ī trand 2 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY by the 071MD2 MARYLAND COMICO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outsid) corporate limits, write RURAL and give nearest town) and completely filled in by empue carbon papers. Figging event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled in e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 11 NO V YES executed within 3. NAME OF DECEASED First Middle 4. DATE Month Last Day OF (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS. Last pirthday) Months Days Hours Min. NEVER MARRIED 8. 9. P. C. WIDOWED DIVORCED . Then please (е removal, and in/a 10a. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Intending physician rmit. Then please death certificate be during most of working life, even if retired) COUNTRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) (1).(1) CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH (b), law requires that the PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate as the b **DUE TO** (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detailed for use should be filed with the State Dept. of Health I NO T YES T 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour a.m. While Not While OR ATTENDING at work at work p.m. 21. I certify that (I) (this hospital)/attended the deceased from saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 22a NG/ATURE 22b. DA To Hosting De r Page 4 may be r ATTENDING PHYS. MED. STAFF DIRECTOR M.D. PHYS. PHYSICIAN'S NAME (Type) 22¢. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stake) 23a. OMINO REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) 20M 1/65



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician. ETOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please regarde carbon ly with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (a) PER 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN G	
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AL OR Tay be page page	M.D. ATTENDING MED. STAFF 14/12/6	7
PITA 4 mg 6r, l	PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. 22d. ADDRESS Deer's Head State Hospital; Salisb	urv.Md
10 HOSPITAL (Page 4 may In FUNERAL Didirector, page should be file	23a. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
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()	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	RE
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TO HOSPITAL Page 4 may 8 00 00 00 00 00 00 00 00 00 00 00 00 0	230 BURIAL, CREMATION, 23b. DATE TO REMOVAL (Specify) 24 EUNERAL DIRECTOR	HEREOF 23C NAME OF CEMETERY OR OT CEMETERY OR OF CEMETERY OR OT CEMETERY OR OF CEMETERY OR OF CEMETERY OR OF CEMETERY OR OT CE	CREMATORY 230 250 REC'D BY REC DAAPR 1 2	CL Z/U - (Cay or Tawn) (Sounty) (Store) (L Z/U -) (J -) GISTRAR 25b PEGSTRAR SIGNAPURE 25b PEGSTRAR SIGNAPURE 25c PEGSTRAR SIGNAPURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05971 law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbay papers. Pages 1 and burial, cremation, ar remaval, and in any event, within 72 hours after deat n STATE b. COUNTY a. COUNTY Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) c LENGTH OF STAY IN 16 Salisbury 62 Davs Salisbury .d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 1 Deer's Head State Hospital Salisbury Md. 521 Navlor Street 4. DATE DECEASED (Type or print) DEATH IF UNDER I YEAR Nellie Mae Tarr IF UNDER 24 HRS AGE (In vears S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED [NEVER MARRIED Months last birthdoy) Haurs WIDOWED DIVORCED K December 12,1903 63 yrs White Female 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Derator Shirt N. Hampton County, Va. Factory 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME George Hopkins Margie Moore Mr. Sidney P. Carey (Son)
317 Penn St., Salisbury, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dates of service) 214-10-6356 ONSET AND DEATH
3 Clays 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Cerebral vascular accident 3 months Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse Arteriosclerosis, general Years To FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the 19 WAS AUTOPSY PERFORMED?
YES XX NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Haur am. 21. I certify that (1) (this hospital) attended the deceased from 2/8, 1967, to 1/11, 1967, that (1) (we) last saw the deceased glive on 4/11 1967, and that deoth accurred at 3:21 M, from causes and an the date stated above. , 1967, that (I) (we) last saw the deceased alive on_ 22b. DATE SIGNED 220_SIGNATURE MED DIRECTOR 4/12/67 M.D. 22d ADDRESS 22c PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md. NAME (Type) A. C. Mitchell, M. D. directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b DATE THEREOF (State) 23a. BURIAL CREMATION. REMOVAL (Specify) April 15,1967J. Wm. Lee's Sons Co. Washington, D. C. Cremation
24 FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR ADDRESS VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



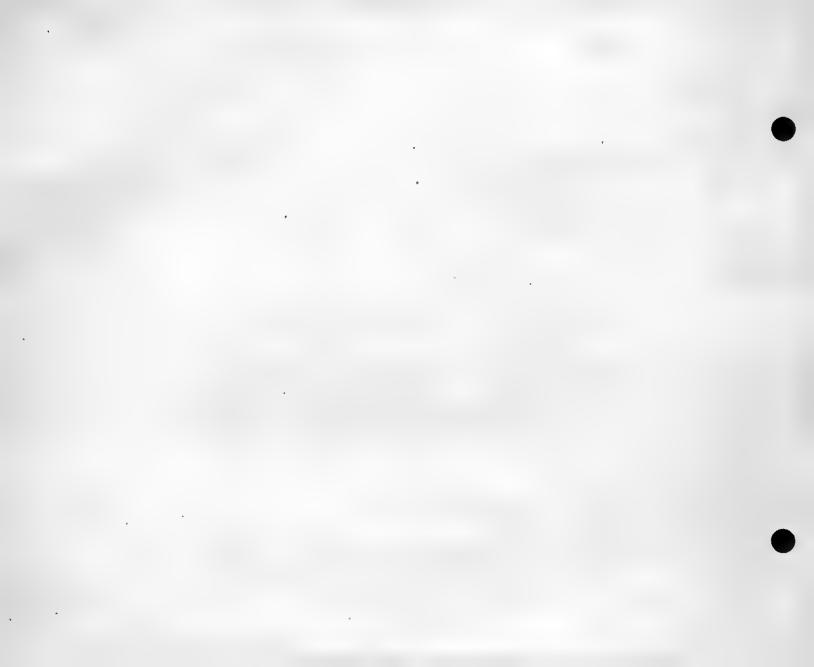
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05972 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours ofter death USUAL RESIDENCE (Where deceased lived, if institution. Residence pefore admission) PLACE OF DEATH filled in by the funeral and o. COUNTY Wicomico b. COUNTY Jicomico Laryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate i mits. c. LENGTH OF STAY IN 16 write RURAL and a ve negrest town) Salisbury Salisbury papers. hin 72 hc d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Salisbury YES NO X carbon 3 NAME OF First Middle Eost 4 DATE Month Dov Year DECEASED Thomas DEATH April 26 1967 (Type or print) Clara 9 AGE (In years lost birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH Months the ottending physician and ca sit permit. Then please remay WIDOWED DIVORCED and in any July 10.1893 Female 10o. USUA, OCC. PATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Maryland none Domestic 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laura Hudson George Morris WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 70 Salisbury, Md. Percey Thomas 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO os the stoting the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. WAS ALTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ed for use of Health p YES NO 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Part) or Port II of item 18.) OR CONTRIBUTING CE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bidg , etc.) at work 2). I certify that (1) (this haspital) attended the deceased from , 1965, to 16 Com, 196 / that (1) (we) last 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D DIRECTOR PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) director, should be BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOYAL (Specify) Salisbury Arces Cemetery conico 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY Wicomico Wicomico death. MARY, AND b CITY OR TOWN (if outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) after (Salisbury (Rural) Salisbury (Rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Del hours ON A FARM? R.D.#5. Upper Ferry R.D.#5. Upper Ferry G ve Pages ate YES NO [haurs after death WAME OF Eirst Middle 4 DATE Dov DECEASED 1 within GILBERT FRANKLIN TOWNSEND DEATH (Type or print 19 67 April 6 COLOR OR RACE 9 AGE (n years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS last birthdoy) Months Doys Hours February 2, 1906 White Male WIDOWED DIVORCED and 2 event 12 CITIZEN OF WHAT 100. USUA, OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of working I te, even if retired) INDUSTRY COUNTRY? dny Ferry Operator Wicomico County, Maryland County employee USA Examiner's pencil i 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within = Lerry Townsend Fairy Taylor and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Jean E. Twilley (Daughter) 323 Cedar Drive, Salisbury, Maryland remaval, (Yes no orunknown) (If yes give wor or dotes of service) 219-18-5521 No 1B CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) This certificate shauld crematian, DHE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse burial 19 WAS AUTOPSY PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port or Port II of Item 18.) agent, prior PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form, (Stote) 20c. TIME OF NJJRY Month, Doy, Year 6:00 -m. foctory, Freel, office bidg., etc.) Not While at work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection () and in my opinion Suicide 🔀 funeral director. death resulted from Notural couses Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** ö DEPUTY MEDICAL EXAMINER **EXAMINER'S** Philip A. Inslev TO FUNE Health NAME (Type) Address (Sireet, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Siloam, Maryland STRAR | 25b REGISTRAR'S SIGNATURE April 13,1967 Siloam Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (HOLLOWAY & COMPANY, SALISBURY, MARYLAND



	1	1	Division of STATISTICAL RES	MARYLAND STATE DEP SEARCH AND RECORDS, 301	'AKIMENT OF REALIM W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201
(All famous)			05974	CERTIFICATE	OF DEATH	05972
	funeral and	Ī	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUNT	Υ
	affe the safe	廾	Wicomico b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	Maryland CCITY OR TOWN (If outside corparote limits, write RURA	Vicomico L and give neorest town)
	haurs S. Pa haurs	-	Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospito	al, give street oddress)	Selisbury d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	within 24 haurs ely filled in by t m papers. Pa		Peninsula General	Hospital	Delware St.	YES NO X
	etely f	3.	NAME OF First DECEASED (Type or print) John	Midd e	URNER 4. DATE Month OF DEATH APRIL	28 1967
	campletely averaged	1	SEX 6 COLOR OR RACE 7 MARRIE WIDOWE	ED EN DIVORCED	DATE OF BIRTH 9 AGE (In years , ast birthday) 1 V 20 1894 72 Yrs.	if UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min
	icate be executed size of the	10 du		. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	rtificate t physician en please aval, and	13	Barber FATHER'S NAME	none	Maryland 14 MOTHER'S MAIDEN NAME	U.S.A.
	ne death certific attending phys permit. Then p	19	John W. Turner St		Emley ? FORMANT Addres	5
	e death attendi permit.	()	es, no, ar unknawn) (If yes give wor or dates of service) ÎNO		irew Tuner Jersey nd	Salisd.
	equires that the death certificate be exephysician. signed by the attending physician and contractive surface to burial-transit permit. Then please remoburial, cremation, ar remayal, and in any		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	rome Obstant	ive airary Diseas	ONSEI AND DEATH
	quires that the physician. Signed by the burial-transit burial cremat		Conditions, if any, which gave	terros clerosis	cerebral.	years
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar aftending physician. IRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remayace in papers. Pages hand so with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after eath		nse to immediate couse (o), stating the underlying cause lost.	skripher	al and conorary	
	The law attendi has be se as t	. IS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	AN: Tall ar all ar all ar all ar all ar all ar use	CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ 20b.	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)	YES NO Y
	he haspital ar this certificate detached far us s Dept. af Healt		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor 20c	d. INJURY OCCURRED 20e PLAC	E OF INJURY (Hame, farm 20f. (City or tawn)	(Caunty) (State)
	NG PI y the ter this e detc rate De	MEDICAL	p.nt. 17 dry	work U of work U	ary, street, office bidg., etc.)	8 , 196 7, that (1) (we) last
	TENDING fined by t DR: After auld be o		21. 1 certify that (I) (this hospital) att	tended the deceased from	death accurred at home, from couses of	and an the date stated above.
	OR AT e refa IRECTO 1.3 sho d with		1220 SGNATORS	Bruce 1 MD		22b DATE SIGNED 47
	may b RAL D RAL D page be file	/	22c. PHYSICIAN'S NAME (Type)		Phriance Cano	ral Hospital.
	POSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar aftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transcription of the filed with the State Dept. af Health priar to burial, creating the state Dept.	2	io. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c NAME OF CEMETERY OR C		vn) (County) (Stote) Wicomico Md.
	VR AIS (4)		Burial 5/1/1967 4. FUNERAL DIRECTOR	ADDRESS	25o. REC'D BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE
	20 M 1/66		lintor ote steward	salu mai	MAN 8 1967 / Clie	mes Judge.



	It	em 18 Film 388 4-20-67 (MARYLAND Division of STATISTICAL RESEARCH AND R				ND 21201
N/				OF DEATH	manua, manua	05973
function of the control of the contr	1	PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived, if institut ar b. COUNTY	Somervet
The law requires that the death certificate be executed within 24 haurs after aftending physician. The sear signed by the attending physician and cample of tilled in by the fuse as the burial-transit permit. Then please remove capan papers. Pages 1th prior to burial, crematian, ar removal, and in any event, within 72 hours after		b CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town)		RUYA (If outside of	orporate limits, write RURA	/ / / / / / / / / / / / / / / / / / / /
nin 24 ho filled in popers.		d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address		d STREET ADDRESS		e is residence on a farm? Yes \square no \square
d within		NAME OF DECEASED (Type or print) Pin 2 Mide		Tyler	DATE Month OF DEATH APRIL	Day Year 17 19 6 7
executed vand cample camove cample ca	5		VORCED 🗒 🕻	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min
rtificate be exec physician and co en please remo oval, and in any	du	homost of working life, every fretired) 10b. KIND OF BUSINESS INDUSTRY	OR .	Somercet County & Stote	e, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
eath certifica anding physic nit. Then pla ar removal,	13	Noah Sterling		E/1226	eth 7	V/ez
ne death cer attending p permit. The	1 <u>S</u> (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (14 yes give wor or dates of service)	NO 17 IN	Dovle IV	ler ri	field Md.
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The law req attending p has been si se as the bu th prior to bu		stoting the underlying couse DUE TO lost. (c)		ant. w		
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PHYSICIAN: The haspital ar at this certificate his certificate for use beached for use Dept. of Health	L CERTIFICATION	206. DESCRIBE HOW IN. OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURRED. (I	Enter nature of injury in Part I	ar Port II af item 18.)	
JING PHYSIC by the haspii ifter this certii be detached State Dept. af	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURREI While Nat While of work of work	e focto	E OF INJURY (Home, form, iry, street, office bldg , etc.)	20f (City or town)	(County) (State)
R ATTENDING retained by the retained by the recroix. After the stand be dewith the State		21. I certify that (I) (this hospital) attended the decessor the decessor alive on		deoth occurred at	/, ta //// M, from causes a	, 19, , that (I) (we) lo nd an the date stated abov
OR AT be reta SIRECTO ed with		220. SIGNATURE	M.D		TOR STAFF PHYS.	22b. DATE SIGNED
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TO HOSPII Page 4 m TO FUNER director, shauld b	23	JEMOVAL (Specify) 4/20/67 JU.	of CEMETERY OR C	REMATORY 2	1d LOCATION (City or Town	Somerset Mc
VR A15 (4)	5	A FUNERAL DIRECTOR SURVEY CALL	of kell	2 DE SAFER 21	1967	in a fuere



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item 05974 05976 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico Lumes MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Selisbury c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 e. IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) the attending physician and completely filled in sit permit. Then please remaine carban papers. d. STREET ADDRESS ON A FARM Peninsula General Hospital YES INO 3 NAME OF 4. DATE Month Doy Lost Year DECEASED OF DEATH (Type or print) ZO 19 S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last_birthdoy) Months Dovs Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 13 BIRTHPLACE (County & State, or foreign country) 12 CIT-ZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY pus 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by be retained by the haspital ar attending physician. JOCX DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the nashing or process. TO FUNERAL DIRECTOR: After this certificate has been a few title day the priar ta use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO [200. ACCIDENT WAS UNDERLYING D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port of Part II of item 185 20e, PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work 195 / that (I) (we) last 2]. I certify that (I) (this hospital) attended the deceased from M, from causes and on the date stated above. sow the deceased olive an_ and that death accurred at 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** directar, page 3 shauld be filed v M.D 22d_ ADDRESS 22c PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) upia 250 REC D BY REGISTRAN REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE MAY 2



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05977 FOR STATE HEALTH DERT. I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE. b. COUNTY delay is and 3 ta M3. Page Maryland Wicomico Wicomico MARYLAND b CITY OR TOWN (f outside carporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (It auts de carparate limits, write RURAL and give nearest town) 2, and PM3. write RURAL and give nearest town) Salisbury Depart Salisbury d. NAME OF HOSPITAL OR INSTITUTION (finat in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? rd "pending" in pellicul in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm 72 haurs Peninsula General Hospital D.O.A. YES NO IX 413 Washington St 3 NAME OF Middle Last 4 DATE Day Year DECEASED the GEORGE DAVID ⊆ (Type or print) WEBB DEATH and 2-with SEX AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH F UNDER 1 YEAR IF LINDER 24 HRS last birthday) Manths Days ₹ HDL15 Male White WIDOWED DIVORCED May 4.1890 event 10a, USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Carpenter INDUSTRY COUNTRY? CIL Cabinet Making Girdletree, Maryland USA 13 FATHER'S NAME 14. MOTHER 5 MAIDEN NAME This certificate shauld be executed within . = Florence Tarr George M. Webb 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO Address (Yes are unknown) (If yes give war or dates at service) Mrs. Ella E. Webb (Wife) remayal, 214-10-9100A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 5 Coronary occlusion IMMEDIATE CAUSE (a) writing the ward crematian, DUE TO Conditions, if any, which gave Arteriosclerotic cardio-vascular disease vears rise to immediate cause (a). Ne farward∎d ta DUE TO stating the underlying couse ø usad as burial, (19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? CERTIFICATION the certificate. NO IX prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH agent, 20c. TIME OF th URY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (C'ty or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) While Nat While may be retained for your FUNERAL DIRECTOR: Page at wark Health or its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X <u>ar</u> Inquiry X and in my opinion the fumeral director. death resulted frame Natural couses Accident Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April2 TO DEPUTY DEPUTY MEDICAL EXAMINER Dr. Earl L. Royer EXAMINER'S Address (Street, city, tawn, ar county) NAME (Type) 119 shury. Camden 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 230 BUR AL, CREMATION, (County) 50 Burial (Specify) Salisbury, Maryland April 29,1967 Wicomico Memorial Park REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 256 HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 05978 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] o. COUNTY b. COUNTY MARYLAND Wicomico Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Salisbury Wenona mo. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 306 Faryland Ave ON A FARM? Main Road YES NOTE NAME OF DECEASED Middle 4. DATE Month Doy Year OF DEATH Annie Webster 18 1967 (Type or print) 4 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months Doys W Hours 12-28-89 WIDOWED A DIVORCED [10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
Retired Retired Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Julia Bloodsworth White 306 Awayland Ave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Salisbury, Ma Charlotte France-Jnknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which] gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPS PERFORMED? YES 🖂 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. ft. foctory, street, office bldg., etc.) While Not while al work of work p. m. attended the deceased from Ahat I last saw the deceased and that death accurred at alive an M. from the causes and an the date stated above CORESS IStreet, city or town DAJESIGNED **ACTUAL** SIGNATUR PHYSICIANCS NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify)
Burial 4-21-67 Paul's Cemetery Wenona Ma 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS rinces Ahne



2- 1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
i 7 i	05979 CERTIFICATE OF DEATH	05977
nted within 24 haurs after death. npletely filled in by the funeral profits of and 2 went, within 72 haurs after death.	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND 7. USUAL RESIDENCE (Where deceased lived, if institution Residution Resid	dence befare admission)
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n 24 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street iddress) Deer's Head State Hospital Rt. 1 Box 287	e IS RESIDENCE On a FARM? YES NO
e executed within 24 hours and campletely fulled in removeration papers.	3 NAME OF First Middle Lost 4. DATE Month DECEASED (Type or print) LUCY MAE WIDGEON DEATH L	Doy Year 16 19 67
execute	F W WIDOWED DIVORCED Aug. 22, 1884 last birthday) Manths	
cate be ician ar icase r olease r , and in	100 USUAL OCCUPATION (Give kind of work done during most of working file even if retired) 100 KIND OF BUSINESS OR INDUSTRY 110 BIRTHPLACE (County & State, or foreign country) 12 Maryland 13. FATHER'S NAME	COUNTRY? USA
n certifing phyy Then percent	William Richardson Rebecca Godfrey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address	
ie death attendi permit.	(Yes, na, ar unknawn) (If yes give war ar dates af service) Bryan Widgeon Berlin, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please removeration papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Adenocarcinoma of colon with widespread DUE TO Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last. (b) DUE TO (c)	July 1966
: The for ar attend te has be use as alth prio	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES NO
rsician aspital c certificat hed for it. of Hee	200 ACCIDENT WAS UNDER, YING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I at Part II of Item 18.) CR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG PH' y the h ter this e detac	Hour a.m. While Not While lactory, street, affice bldg., etc.)	County) (State)
C HOSPITAL OR ATTENDING PHYSICIAN: The fow repage 4 may be retained by the haspital ar attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health prior to	ATTENDING M.D. ATTENDING DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRE	DATE SIGNED LE/17/67 Md Md
O HOSPIT Page 4 m O FüNER# director, shauld be	230 BUR AL CREMATON, REMOVAL (Specify) 230 DATE THEREOF LOCATION (City or Town) EVERGREE BUR AL CREMATORY 23d LOCATION (City or Town) EVERGREE BUR AL CREMATORY BUR AL CREMATORY 23d LOCATION (City or Town) EVERGREE BUR AL CREMATORY BUR AL CREMATORY 123d LOCATION (City or Town) EVERGREE BUR AL CREMATORY BUR AL CREMATORY 123d LOCATION (City or Town)	(Caunty) (State)
VR A15 (4) (25M 1/67	Buriol 4-19-07 Evergreen Berlin Wor 24 FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home Berlin, Md. DAPR 2 0 1967 FULL APR 2 0 1967	GNALINE JUNGE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05986 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY carban papers. Pages I en. within 72 haurs after Wicomico MARYLAND Marvland Wicomico b CITY OR TOWN (foutside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) PHYSICIAN: The law requires that the death certificate be executed within 24 hours the attending physician and completely filled in by sit permit. Then please temave carban papers. Salisbury Salishury
d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 224 Record Street YES NO A Peninsula General Hospital 3 NAME OF Middte 4 DATE Lost Month Dov DECEASED (Type or pnst) ERINE DEATH 196 S SEX 9, AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED -NEVER MARRIED nany eve lost birthdoy) Months Hours April 20, 1896 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remaya William Greensbury Cooper Annie Jane Parker Mr. Lambert Wilkins (Husband) 224 Record Street, Salisbury, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 212-10-9107 A No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH signed by 1 IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital ar attending physician. at Ampotation Sight DUE TO burial, 1 Conditions, if any, which gove rise to immediate couse (a), DIJE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO YES 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or fown) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. of work at work 21. I certify that (1) (this haspital) attended the deceased fram 19 6 7that (1) (we) last 22, 1967, to 19 67, and that death accurred at $\rightarrow P$ M, from causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o, SIGNATURE ATTENDING M.D DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland director, 0 23c. NAME OF CEMETERY OR CREMATORY shaul 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) Burial Pittsville Cemetery Pittsville, Maryland 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND MPR



35981	CERTIFICAT	TE OF DEATH	et, BALTIMORE 1, MARYLAND 05979
1. PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (Whe	re decessed lived, If Institution: Residence before a
b. CITY OR TOWN (if outside corpor	MARYLAN efe limits, c. LENGTH OF STAY IN	Maryland	
write RURAL end give neerest to		Salisbury	221
730 7	TION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RES
3. NAME OF DECEASED	First Midd.e	110 Evans it.	
(Type or print) 5. SEX 6. COLOR OF	RACE 7. MARRIED NEVER MARRIED	27 Filams	9. AGE fin yeers IF UNDER I YEAR IF UNDER
F. C.	WIDOWED DIVORCED	2/12/1925	lest birthdey) Months Deys Hours
10e. USUAL OCCUPATION (Give kind done during most of working life, even	of work If retired) 10b. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (County & State	e, or foreign country) 12. CITEZEN OF WHAT CO
Domestic 13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	
James B. Hilli 15. WAS DECEASED EVER IN U.S. ARM	ams	Hester Gosle	
(Yes, no, or unkown) (Ifyesgivewerord	letesofservice)		Address
18. CAUSE OF DEATH (Enter o	nly one cases per time for (s), (b), and (c).)	Hester williams	110 Evans St. Salis
PART I. DEATH WAS CAUSED IMMEDIATE CA	USE (0) Ores solar	scular ac	Eident 9/1/20
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Conditions, if eny, which gave rise to immediate cause	Mortosc	Cho and	-
(e), sleting the underlying couse lest.	(c)		
T DARK OTHER CONTROL AND	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN DART 1(-): 10 WAS AL
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200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UR FETHER, NOTIFY MEDICAL EXAM	DEATH MINER) Dey, Yeer 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, ' 20f. fectory, street, office bldg , etc.)	PERFOR YES 18.)
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20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, MOTIFY MEDICAL EXAMINATION, EXAMINATION, EXAMINATION, EXAMINATION, 23b. BURIAL, CREMATION, 23b. DA	DEATH MINER) Dey, Yeer 20d. SNJURY OCCURRED 20e. While Not While et work he work 19 hospital attended the deceased from 19.67, and the spital attended the spital a	PLACE OF INJURY (Home, farm, 20f. fectory, street, office bldg , etc.) om	Pert Is of item 18.) (City or town) (County) to3



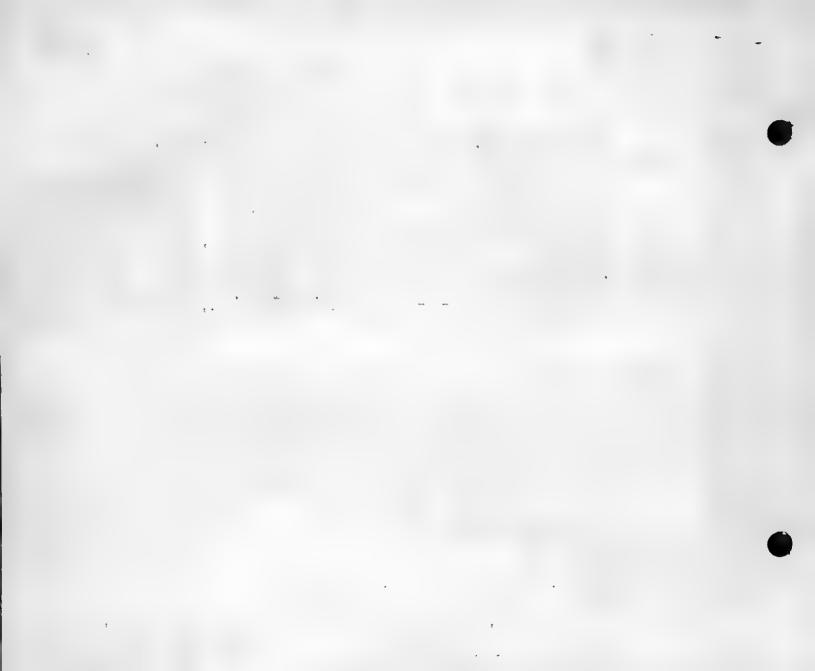
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05983 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission Wicomico a. COUNTY o STATE Maryland b. COUNTY Somerset MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give neares) tawn) physician and completely filled in by the b CITY OR TOWN (If autside carporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town)

Salisbury, Maryland

d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) papers. Pog bin 72 haurs o Champ 11 days d STREET ADDRESS ON A FARM? Deer's Head State Hospital YES T NO X 3. NAME OF Middle First Manth Last 4. DATE Day Year DECEASED Ray Tuokkola April 19 67 Williams (Type or pnnt) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (n years 7. MARRIED **NEVER MARRIED** Months b +thoay) Male White MIDOWED DIVORCED Feb. 1. 1911 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHP_ACE (County & State or fareign country) 12 CITIZEN OF WHAT Dancing Fairport Harbor, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Sundberg Andrew Tuokkola IS WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service Mrs. Sophia Mackey; Willoughby, Ohio INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (t))
PART I DEATH WAS CAUSED BY Carcinoms of **ONSET AND DEATH** buriol-transit Cause of oropharynx w/wide spread metastses LVYS DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO Y Įo, 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, affice bidg, etc.) at wark 🗀 2) I certify that (I) (this haspital) attended the deceased from March 29, 1967, to April 9, 1967, that (I) (we) last saw the deceased alive on April 9 19 67, and that death accurred at 1:20AM fram causes and an the date stated above 22a SIGNATURE 22b DATE SIGNED DIRECTOR April 9. 1967 M.D PHYS director, page should be filed 22d ADDRESS Deer's Head State Hospital 22c PHYSICIAN'S L. Maldve M.D. NAME (Type) Salisbury, Maryland 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. (County) (小約545万) 4/11/1967 Princess Anne; Somerset Beechwood Memorial 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR SHINERAL DIRECTOR VR A15 (4) Princess Anne. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico Maryland Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 415 Franklin Ave. Franklin Ave. NO X YES 3. NAME DF First Middle DATE Month a. Last DECEASED event. OTIS LATTIMORE WILLEY 196 compl (Type or print) DEATH April 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BIRTH DE UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR remove last birthday) | Months Days Hours any and Male White WIDOWED ! DIVORCED 61 February 14,1906 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician .5 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? and Owner & operator Grocery Store Somerset County. Maryland USA certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending partransit permit. Then, cremation, or remova Emma Washburn Samuel Q. Willey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Stella F. wife) Willey 213-18-5096 sbury. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN is been signed by the stransit is the burial-transit rior to burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. reluce IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the r this certificate has b detached for use as t te Dept. of Health prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO IZ YES [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING , be retained by 1 o FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State at work at work 190 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at OTM, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. PHYS. M.D. DIRECTOR Page 4 may 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland Wilbur R. Ellis. Jr. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Wicomico County, Maryla REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial
24. FUNERAL DIRECTOR 967 Allen Cemetery VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05984 requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY WICOMICO o. STATE b. COUNTY Wicomico MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely-filled in Peninsula General Hospital 834 Brown Street YES NO THE carbon NAME OF Middle DATE Lost Month Doy Year DECEASED FRANCIS 1960 (Type or print) DEATH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH гетпоуе Months Doys Hours 00 dny WIDOWED DIVORCED April 30, 1892 10o HSHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please during most of working life even if refired)
Retired - Employee Lumber Pittsville, Maryland Company USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eu Charles D. Wootten Cornelia Holloway attending p permit. The 17. INFORMANT Address Miss Mable Wootten (Sister) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give wor or dates of service D 213-18-5494 Lillian St., Habron, Maryland crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (o) à DUE TO signed Conditions, if only, which gove rise to immediate cause (a). DHE TO stoting the underlying couse prior to has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1601 WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate for 20o, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INITIRY OCCURRED TEnter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram_ an shauld 1967, and that death accurred at 932 M, from causes and an the date stated above. saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed w 1967 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NTER: NAME (Type) MEDICAL 711 more 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) R.D., Parsonsburg, Maryland Forest Grove Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) e. COUNTY b. COUNTY Marvland by the Pages 1 after Wicomico Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Paginin 72 hours hours .5 Salisbury Salisbury filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D.#5. Zion Road NO R.D. #5. Zion Road YES within completely carbon 3. NAME UP First Middia Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 67 RUDOLPH April 19 HOLMES ent WRIGHT executed 5. SEX 6. COLOR OR RACE any eve DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR UF UNDER 24 HRS 7. MARRIED TX NEVER MARRIED last birthday) Months ! Hours and Mala White DIVORCED September 23.1904 WIDOWED -1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 드 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir be INDUSTRY COUNTRY? USA Maintenance Man Sharptown, Maryland Hospital certificate 0 removal. 13. FATHER'S NAME ed by the attending phitransit permit. Then proceedings of the procedure o Mary Elizabeth Phillips Ira W. Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Clara E. Wright (Wife) No Zion Road, Salisbury, Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been street street street burial, c DHE TO Conditions, If env. which gave rise to immediate DUE TO this certificate has beedetached for use as the eDept. of Health prior to ceuse (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO. YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20b. detached f te Dept. of N/A MEDICAL 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) a Hour a.m. After While Not While p Stat ATTENDING at work at work 3 should by with the S be retained 1964, to General 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: and that death occurred at 247M, from the causes and on the date stated above. saw the deceased alive on Co-24 19 67 22a. SIGNATURE 22h. DATE SIGNED filed ATTENDING PHYS. MED. STAFF PHYS. April M.D. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Pine Bluff Road, Salisbury, Maryland Dr. John T. Bulkelev 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) burial April 27 .1967 Parsons Cemetery Salisbury Mary land 24. FUNERAL DIRECTOR REC'D BY REGISTRAR Milanes HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64

